Peripheral Nerve Stimulation Symposium
“Across the USA”

October 10, 2020
(3) Cities in ONE Day

Cost:
Attending Physician- $950.00
Fellows/Residents: $50.00

San Francisco: Einar Ottestad, MD, Jennifer Hah, MD, Scott Pritzlaff, MD

Chicago: Matthew Pingree, MD, Mark Hurdle, MD, Christopher Gilmore, MD, Michael Gofeld, MD

NY/NJ: Amitabh Gulati, MD, David Spinner, MD, Mike Mizrahi, MD, Ali Valimahomed, MD, Neal Rakesh, MD

Approved for 16 AMA PRA Category 1 Credit(s)™
AGENDA

Virtual Lecture Series

Lecture 1 - Technology and Devices (history from SCS to PNS, bigger overview of the 3 styles of leads/systems) – Dr. Amit Gulati

Lecture 2 - Mechanism of Action and Waveform – Dr. Michael Gofeld

Lecture 3 - Best Practices (anticoagulation, infection, diagnostic blocks, trials) – Dr. David Spinner

Lecture 4 - PNS Evidence (neuropathic/CRPS, MSK, distal to lesion, not device specific) – Dr. Einar Ottestad

Lecture 5 - Ultrasound Imaging for Young Physicians – Dr. Neal Rakesh

Lecture 6 - PNS Anatomy Upper Extremity (suprascapular, axillary, median, radial, ulnar) – Dr. Matthew Pingree

Lecture 7 - PNS Anatomy Trunk (intercostal, lateral femoral cutaneous, ilioinguinal) – Dr. Mark Friedrich Hurdle

Lecture 8 - PNS Anatomy Spine (spine and lumbosacral) – Dr. Jennifer Hah

Lecture 9 - PNS Anatomy Lower Extremity (femoral, sciatic, saphenous infrapatellar, tibial, common peroneal) – Dr. Scott Pritzlaff

Live “Hands-On” Stations at each location
8:00am-5:00pm

Ultrasound Scanning Stations and Cadaver Implant Stations:
- Upper Extremity Nerve
- Lower Extremity Nerve
- Torso, Thoracic & Abdomen

Target Nerves for PNS Implants to be covered
Ulnar, Median, Radial, Supra scapular, Axillary, Intercostal, Ilioinguinal, Lateral femoral cutaneous, Pudendal, Saphenous, Tibial, Sural, Superficial peroneal, Common peroneal, Sciatic, Femoral, Occipital, Genicular, Cluneal

Corporate Partners
Course Registration

October 10, 2020
Peripheral Nerve Stimulation Workshop

Please select which city you would like to attend:

- New York/New Jersey
- Chicago
- San Francisco

- Please complete the registration form and scan and email to ssarver@wapmu.org.
- Please call 978-430-7747 for questions or visit www.wapmu.org
- Make checks payable to WAPMU

Name:____________________________________________________

Facility/Practice:____________________________________________

Fellowship/Residency (if Applicable): ___________________________

City: ________________________________State/Province: ______
Country:_____________________Postal Code: __________________

email: ________________________________________

TOTAL FROM ABOVE: $950.00

Credit card #:_________________________________ EXP:_________

CVV Code:_________________

Please send checks to:

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