

Excellence in education of Interventional Pain Physicians

COMPREHENSIVE **IMAGING** CONFERENCE

Comprehensive **Imaging Review** in Interventional Pain Management And
Competency Certification in Fluoroscopic Interpretation and Radiation Safety

SEPTEMBER 17-18, 2010

UP TO 14.5 AMA PRA CATEGORY 1 CREDITS™

LOCATION:

Memphis, Tennessee

HOTEL & COURSE LOCATION:

The Peabody Memphis, 149 Union Ave, Memphis, TN 38103. Phone: 901-529-4164

SPECIALS

- Special room rates until August 24, 2010
- 50% Off Meeting Fee to Fellows & Residents
- 50% Off Interventional Techniques In Chronic Spinal Pain.
- 50% Off Interventional Techniques In Chronic Non-Spinal Pain



ASIPP®

American Society of Interventional Pain Physicians
The Voice of Interventional Pain Management Since 1998
81 Lakeview Drive, Paducah, Kentucky 42001
Phone: 270-554-9412 | Fax: 270-554-5394
Web: www.asipp.org | Email: asipp@asipp.org

September 17-18, 2010
Memphis, Tennessee

COMPREHENSIVE IMAGING CONFERENCE

COMPREHENSIVE IMAGING REVIEW IN INTERVENTIONAL PAIN MANAGEMENT AND
COMPETENCY CERTIFICATION IN FLUOROSCOPIC INTERPRETATION AND RADIATION SAFETY



From The Chairman

On behalf of the American Society of Interventional Pain Physicians (ASIPP), it is my honor and privilege to invite you to attend the Comprehensive Imaging Review in Interventional Pain Management & Competency Certification in Fluoroscopic Interpretation and Radiation Safety on September 17-18, 2010, in Memphis, TN.

This comprehensive seminar is designed to provide interventional pain physicians with the ability to understand radiological evaluations and fluoroscopic interpretation. In addition, we offer to all interested physicians the opportunity to sit for a radiation safety competency examination.

This course is an essential component for interventional pain physicians and will provide educational opportunities to assist you in providing high quality, competent, safe, accessible and cost-efficient services to your patients. This course, as with all ASIPP courses, focuses on doing the right things, the right way and for the right reasons.

Our faculty consists of many experts and authorities in the field of radiographic technique. The course will also provide you with an opportunity to network with other interventional pain physicians. We are confident this is one ASIPP course you will not want to miss.

We are confident that you will benefit from this exceptional opportunity for professional enhancement. The seminars will be conducted at The Peabody Hotel in Downtown Memphis. Make your plans early to attend. We look forward to seeing you in Memphis. If you have any questions, please feel free to contact me at 2831 Lone Oak Road, Paducah, KY 42003, phone: 270-554-8373 ext. 101, fax: 270-554-5394, or e-mail: drm@asipp.org

Sincerely,

Laxmaiah Manchikanti, MD

Chairman of the Board and Chief Executive Officer, ASIPP



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COMPREHENSIVE IMAGING REVIEW IN INTERVENTIONAL PAIN MANAGEMENT AND
COMPETENCY CERTIFICATION IN FLUOROSCOPIC INTERPRETATION AND RADIATION SAFETY

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ASIPP Statement of Need

This 2-day Comprehensive Imaging Review Course is planned as a CME activity to prepare physicians seeking competency certification in or an in-depth review for the interventional pain physician or other staff in areas of fluoroscopic interpretation and radiation safety. This course will provide in-depth evaluation of the knowledge of the participants with extensive review of subject(s).

As part of this comprehensive, in-depth, intense 2-day Review Course, we will provide you with the following:

Syllabus with outlines of the lectures and accompanying questions, distributed at the meeting.

Accreditation Statement

The September workshop is a CME activity that has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the Joint Sponsorship of the Institute for Medical Studies and the American Society of Interventional Pain Physicians. 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 will determine these educational activities for up to 14.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Americans with Disabilities Act

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.

Educational Objectives

The 2-day intensive review course is intended to present interventional pain management specialists and other providers an in-depth review of multiple areas of interventional pain management including fluoroscopic interpretation and radiation safety, in order for participants to demonstrate skills for competency certification.

Outcome

Prepare physicians for competency certification and provide physicians and other healthcare professionals with an in-depth study of interventional pain management, including fluoroscopic interpretations and radiation safety so that patients are not exposed to unsafe levels of radiation, and they receive the most up-to-date diagnosis and treatment afforded in pain management.

There is no commercial support for this review course.

No duplication or distribution of materials, or recording of lectures associated with this conference is permitted without express written consent of the American Society of Interventional Pain Physicians. All rights reserved.

Accommodations



The Peabody Memphis
149 Union Ave
Memphis TN 38103 USA
Phone 1-901-529-4000

The Peabody®

Inform the agent that you are booking for American Society of Interventional Pain Physicians. We have secured a group room rate of \$175. Reserve rooms early—all unbooked rooms will be released August 24, 2010.

There is no commercial support for this course.

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COURSE DIRECTOR

Laxmaiah Manchikanti, MD
Chairman of the Board and Chief Executive Officer, ASIPP
Medical Director
Pain Management Center of Paducah
Paducah, KY
Associate Clinical Professor of Anesthesiology
and Perioperative Medicine
University of Louisville, KY

COURSE FACULTY

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Associate Professor,
Pain Management Fellowship Director
Texas Tech University Health
Sciences Center
Lubbock, Texas

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Executive Vice President, ASIPP
Medical Director, Midatlantic Spine
Newark, DE

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Recorded ASIPP® Webinars
are now available. Each new
webinar is archived for future
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webinar topics include:

- **Staying Ahead of Government Enforcement Efforts.**
Speaker: Vicki Mykowiak, JD.
 - **Evidence-Based Interventional Techniques: An Algorithmic Approach To Keeping It Simple, Safe, and Successful.** Speaker: Laxmaiah Manchikanti, MD, ASIPP CEO and Chairman of the Board.
- **Coding: Be Prepared for 2010.**
Speaker: Joanne Mehmert CPC, CC-PM ACS-PM

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September 17-18, 2010
Memphis, Tennessee

FRIDAY SEPTEMBER 17, 2010

| | | |
|-----------------|--------------------------------------------------------|------------------------|
| 7:00am–8:00am | REGISTRATION & BREAKFAST | |
| 8:00am–9:00am | Introduction to ASIPP, ABIPP, and Review Course | Ramsin Benyamin, MD |
| 9:00am–10:00am | Principles and Mechanics of X-Ray and Fluoroscopy | Louis K. Wagner, PhD |
| 10:00am–10:30am | BREAK | |
| 10:30am–11:30am | Principles of CT, Myelo, MRI and Scanning | Arther S. Watanabe, MD |
| 11:30am–12:30pm | Principles of Radiation Safety in IPM | David M. Schultz MD |
| 12:30pm–2:00pm | LUNCH (PROVIDED) | |
| 2:00pm–3:00pm | Lumbar Spine: Plain X-Rays, Myelography, and CT | Arthur S. Watanabe, MD |
| 3:00pm–4:00pm | Lumbar Spine: Fluoroscopy and Needle Placement | David M. Schultz MD |
| 4:00pm–4:30pm | BREAK | |
| 4:30pm–5:30pm | Imaging and Fluoroscopy of Upper and Lower Extremities | David M. Schultz, MD |
| 5:30pm | ADJOURN | |

SATURDAY SEPTEMBER 18, 2010

| | | |
|-----------------|---------------------------------------------------------------------------------------------|------------------------|
| 7:00am–8:00am | REGISTRATION & BREAKFAST | |
| 8:00am–9:00am | Thorax, Chest and Abdomen: Imaging and Fluoroscopic Techniques | Miles R. Day, MD |
| 9:00am–10:00am | Cervical and Thoracic Spine: Plain X-rays, Myelography and CT | Arthur S. Watanabe, MD |
| 10:00am–10:30am | BREAK | |
| 10:30am–11:30am | Cervical and Thoracic Spine: Fluoroscopy and Needle Placement | Arthur S. Watanabe, MD |
| 11:30am–12:30pm | Head and Neck Imaging and Fluoroscopy | Miles R. Day, MD |
| 12:30pm–1:30pm | LUNCH (PROVIDED) | |
| 1:30pm–2:30pm | Cervical and Thoracic Spine: MRI I | Frank J. E. Falco, MD |
| 2:30pm–3:30pm | Lumbar Spine: MRI | Frank J. E. Falco, MD |
| 3:30pm–4:00pm | BREAK | |
| 4:00pm–4:45pm | Medical, Legal, and Compliance of Fluoroscopy | Louis K. Wagner, PhD |
| 4:45pm–5:30pm | Billing, Coding, and Compliance Aspects of Radiologic Services (X-ray, MRI, CT, and Fluoro) | Joanne Mehmert, CPC |
| 6:45pm–9:00pm | COMPETENCY EXAMINATION | |
| 6:45pm–7:00pm | Test Instructions | |
| 7:00pm–9:00pm | Examination | |

Non-Physician Registration

Please type or print your information clearly

| | | | | |
|----------------------|--------|---------|------------------|------------------------------------------------------------------------------------------------|
| NAME | (Last) | (First) | (Middle Initial) | |
| ORGANIZATION | | | | PREFERRED MAILING ADDRESS <input type="radio"/> Organization <input type="radio"/> Home |
| ORGANIZATION ADDRESS | | | | HOME ADDRESS |
| CITY | STATE | ZIP | CITY | STATE ZIP |
| PHONE | FAX | | PHONE | FAX |
| E-MAIL | | | | E-MAIL |

PERSONAL DATA: (for statistical purposes only) DATE OF BIRTH ____/____/____ MALE FEMALE

CERTIFICATIONS:
 Radiologic Technologist Physician Assistant Nurse Practitioner Registered Nurse
 Master's Degree (MA) Other _____

SPECIALTY DESIGNATION: 09 IPM 72 Pain Medicine Anesthesiology Psychiatry Neurology Other _____

What percentage of your clinical practice is in the field of Interventional Pain Management: 0% 1-49% 50-100%

Primary professional practice setting (please check all that apply): Ambulatory surgery Hospital Office Practice

Comprehensive Review Course ONLY

On or before August 24, 2010: \$400 Member \$500 Non-Member
After August 24, 2010: \$500 Member \$600 Non-Member

PAYMENT METHOD (Please check one):

MASTERCARD VISA AMERICAN EXPRESS DISCOVER CHECK

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

AUTHORIZED SIGNATURE (required on all credit card orders) _____

CHECK NUMBER _____ ENCLOSED (Payable to ASIPP)

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

SIGNATURE OF APPLICANT _____

RETURN COMPLETED FORM TO:

ABIPP
81 Lakeview Drive / Paducah, KY 42001
or Fax to (270) 554-5394

CANCELLATION POLICY:

ASIPP requires a 30-day notice for registrant's cancellation. Cancellations must be submitted in writing and received by September 1, 2010. An administrative fee of \$200.00 will be assessed. Cancellations after August 24, 2010, but prior to September 1, 2010, will forfeit 50% of their registration fee. No cancellations accepted after September 1, 2010. Refunds will be sent after the conclusion of the meeting.

For your convenience and faster registration, register online at www.asipp.org/meetings

Examination and Certification for Physicians requires separate registration available on the next page

Physician Registration

Please type or print your information clearly

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----|
| NAME (Last) | (First) | (Middle Initial) | PREFERRED MAILING ADDRESS <input type="radio"/> Organization <input type="radio"/> Home | | |
| ORGANIZATION | | | HOME ADDRESS | | |
| ORGANIZATION ADDRESS | | | CITY STATE ZIP | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| PHONE | FAX | | PHONE | FAX | |
| E-MAIL | | | E-MAIL | | |
| PERSONAL DATA: (for statistical purposes only) | | DATE OF BIRTH ____/____/____ | <input type="radio"/> MALE <input type="radio"/> FEMALE | | |
| MEDICAL DEGREE: <input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> Other (specify) _____ | | | | | |
| I AM CURRENTLY CERTIFIED BY THE FOLLOWING BOARD(S): | | | | | |
| <input type="radio"/> American Board of Anesthesiology | | <input type="radio"/> American Board of Psychiatry and Neurology | | <input type="radio"/> American Board of Physical Medicine & Rehabilitation | |
| <input type="radio"/> ABA Subspecialty in Pain Medicine | | <input type="radio"/> Fellow of Interventional Pain Practice (FIPP) | | <input type="radio"/> American Board of Interventional Pain Physicians (ABIPP) | |
| <input type="radio"/> Other ABMS Primary Board(s) _____ | | | | <input type="radio"/> Other _____ | |
| SPECIALTY DESIGNATION: <input type="radio"/> 09 IPM <input type="radio"/> 72 Pain Medicine <input type="radio"/> Anesthesiology <input type="radio"/> Psychiatry <input type="radio"/> Neurology <input type="radio"/> Other _____ | | | | | |
| What percentage of your clinical practice is in the field of Interventional Pain Management: <input type="radio"/> 0% <input type="radio"/> 1-49% <input type="radio"/> 50-100% | | | | | |
| Primary professional practice setting (please check all that apply): <input type="radio"/> Ambulatory surgery <input type="radio"/> Hospital <input type="radio"/> Office Practice | | | | | |
| STATE LICENSE: State _____ License Number _____ | | | | | |

Comprehensive Review Course

On or before August 24, 2010: \$500 Member \$600 Non-Member
After August 24, 2010: \$700 Member \$800 Non-Member

Competency Certification Exam

On or before August 24, 2010: \$400
After August 24, 2010: \$500

Fellows & Residents

50% Off on Review Course & Exam.

PAYMENT METHOD (Please check one):

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CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

AUTHORIZED SIGNATURE (required on all credit card orders) _____

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CHECK NUMBER _____
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SIGNATURE OF APPLICANT

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