**Top Reasons to Belong to AANEM:**

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- **OPPORTUNITIES** for collaboration and growth

**Tell Us Why You Belong to AANEM**

**Indispensable Educational Resources**

“I have been a member of AANEM for the past 14 years. I strongly believe that it is an excellent resource not only for the trainees but also practicing physicians whether in academia or private practice. As a Site Director for the PMR residency program, the residents receive most of their EMG training at our site. They have found the AANEM monographs and the podcasts an indispensable resource.”

Bharathi Swaminathan, MD
Department Head, PMR Services
Captain James A. Lovell Federal Health Care Center
Associate Professor
Libertyville, IL

**Career Building and Collaboration**

“The AANEM has been an invaluable part of my career: I have maintained connections with colleagues across the country and around the world. I have been able to collaborate, get advice, and develop my career through my AANEM connections. The AANEM is a wonderful, nurturing organization, dedicated to neuromuscular and electrodiagnostic quality and education.”

Holli A. Horak, MD
Associate Professor of Neurology
University of Arizona
Phoenix, AZ

**Exceptional Value**

“The overall price of AANEM membership and subscription to a premier journal, *Muscle & Nerve*, is less than any of my other memberships and well worth the price. The AANEM offers an affordable way to keep me engaged with cutting-edge, and also practical, education. It provides a setting where I can both grow and maintain my clinical and electrodiagnostic skills.”

Bryan E. Tsao, MD
Chair, Department of Neurology
Associate Professor of Neurology
Loma Linda University School of Medicine
Loma Linda, CA
August Issue of Muscle & Nerve
Selected Highlights

ZACHARY SIMMONS, MD, MUSCLE & NERVE EDITOR, PROVIDES AN OVERVIEW OF ARTICLES IN THE AUGUST ISSUE.

A Reliable Technique for Ultrasound-Guided Perineural Injection in Ulnar Neuropathy at the Elbow

This study employed ultrasound (US)-guided injections of ink into cadavers and found that the cubital tunnel and deep forearm flexor pronator aponeurosis were stained in all, and that the retroepicondylar groove was stained in most. They conclude that US-guided injections offer a mechanism to direct corticosteroids to the most common areas of ulnar entrapment around the elbow.

Complete Dislocation of the Ulnar Nerve at the Elbow: A Protective Effect Against Neuropathy?

In this study of 133 patients with unilateral or bilateral complete ulnar nerve dislocations, the occurrence of dislocation was associated with a lower probability and decreased severity of ulnar neuropathy at the elbow. The implications of this finding for the performance of surgery to correct ulnar nerve dislocation are discussed.

Nerve Conduction Studies are Safe in Patients With Central Venous Catheters

This study demonstrated that NCS of the proximal and distal upper extremities resulted in no increase in the risk of cardiac conduction abnormalities in patients who were not critically ill and who had no history of cardiac arrhythmias.

Global Motor Unit Number Index Sum Score for Assessing the Loss of Lower Motor Neurons in Amyotrophic Lateral Sclerosis

In this article, the authors demonstrate that a global motor unit number index (MUNIX) sum score, reflecting the aggregate MUNIX of several muscles, is correlated with clinical impairment, and thus is potentially such a biomarker. In an accompanying editorial, ALS expert Dr. Clifford Gooch discusses the use of MUNIX and of motor unit number estimation (MUNE) as biomarkers in ALS.

Physical Exercise in Myasthenia Gravis is Safe and Improves Neuromuscular Parameters and Physical Performance-Based Measures: A Pilot Study

Patients with myasthenia gravis and other neuromuscular diseases often ask their physicians if they can exercise, how vigorously they can do so, and if it is helpful. The authors of this study found that a 12-week training period was well tolerated, produced no increase in disease activity, and that some measures of performance, both objectively and via patient ratings, improved.

IN THIS ISSUE

Why You Belong to AANEM
Muscle & Nerve Selected Highlights
Innovative Science
Achievement Awards
Achievement Awards
Achievement Awards
In The News
Self-Assessment Examinations
CIDP Passing Candidates
New Symposium Chair
SA Course & Tech Checkpoint
Annual Meeting
Golseth Awards
President’s Research Initiative
Best Abstract Award
Resident & Fellow Awards
Mattia Quattrocelli, PhD - Research Foundation & IFCN Fellowship Awards
Best Abstract Awards
Welcome, New Members
AANEM Annual Report
Advocacy
Practice
Choosing Wisely
American Medical Association
What to Expect & Referral Brochures

IMPORTANT DATES
Registration opens - ABEM Maintenance of Certification Exam
Pre-Registration for the Annual Meeting closes
AANEM Fall Board of Directors Meeting
AANEM 2017 Annual Meeting - Phoenix, AZ
AANEM 2017 Annual Business Meeting – Phoenix, AZ
Registration opens - ABEM Initial Certification Exam
ABEM MOCP Exam
Last day to submit CME for 2017 Annual Meeting

For a full list of important dates, visit www.aanem.org/calendar
Innovative Science You Might Have Missed

Association of Long-term Opioid Therapy With Functional Status, Adverse Outcomes, and Mortality Among Patients With Polyneuropathy


Submitted by Niranjan N. Singh, MD

This is a retrospective population-based cohort study of prescriptions provided to patients with polyneuropathy versus controls in ambulatory practice over a 5-year period, to determine exposure to long-term opioid usage as well as other outcomes.

The authors highlight increased adverse effects from the use of long-term opioids and the associated lack of improvement when treating patients with polyneuropathy. They compare the outcomes of 2892 patients with polyneuropathy who were treated with long-term opioids (≥90 days) with the outcomes of age- and sex-matched patients who did not receive long-term opioid treatment (control group). They also note that patients were more likely to receive long-term opioid therapy for musculoskeletal pain (52.5%) than neuropathic pain (24.0%). They further note poorer outcomes for patients treated with long-term opioids, including reduced functional status and higher likelihood of depression, opioid dependence, or overdose, than for patients in the control group. The study was unable to match the groups for potential differences in severity of pain between them, which may have contributed to the poorer outcomes in those receiving long-term opioid treatment. There were also differences in medical comorbidities between the two groups, which were accounted for in a multivariate analysis. Regardless, their findings highlight that long-term use of opioids by patients with neuropathy does not improve clinical or functional outcomes.

Comment: Despite this evidence, opioid medications continue to be prescribed widely by primary care physicians for the management of chronic pain. This issue continues to receive attention in the scientific literature as well as the media.

FDA Approves Edaravone to Treat ALS

On May 5, 2017, the FDA approved Edaravone, a medication postulated to act as a free-radical scavenger and decrease effects of oxidative stress, helping to preserve motor neuron health that has been compromised in ALS. MT Pharma America will distribute the medication in the US.

Edaravone is administered intravenously (50 mg), with an initial treatment cycle of daily dosing for 14 days, followed by a 14-day drug-free period. Subsequent treatment cycles consist of dosing on 10 of 14 days, followed by 14 days off-drug.

Efficacy of Edaravone for the treatment of ALS was demonstrated in a 6-month phase 3 clinical trial conducted in Japan. In the trial, 137 participants were randomly assigned to groups in a 1:1 ratio for 24 weeks. The treatment group declined by approximately 5 points on the ALS Functional Rating Scale Revised (ALSFRS-R). This was about 2.5 points less than the placebo group.

Side effects include contusion, gait disturbance, headache, dermatitis, eczema, respiratory difficulties, glycosuria, and tinea infection. Particular caution should be taken in patients allergic to sulfites.

The list price is $146,000 per year. In trials conducted by MT Pharma America’s parent company, patients were on Riluzole when in the trial.

Comment: Although this is not a cure, Edaravone has been demonstrated to slow down the progress of ALS. This is an important advancement in the treatment of patients with ALS.
Evaluating the Impact of Trigeminal Neuralgia

Submitted by Andrew J. Haig, MD

Trigeminal neuralgia (TN) is defined as recurrent episodes of sudden onset, short-lived unilateral stabbing pain within the territory of one or more cranial nerve V branches.

The authors conducted a very detailed evaluation of various factors related to TN. Enrollment was 237 consecutive patients referred to a specialized pain center between 2007 and 2015, excluding 12 from further analysis due to discovery of primary causes for TN (9 multiple sclerosis, 3 tumors). The remaining 225 patients were subdivided into three groups: TN without concomitant pain, TN with concomitant pain and TN with autonomic changes, (n=155, 23, 38 respectively), and various analyses were conducted.

Notably, referrals for this disease to a specialized center originated from primary physicians (45.7%), specialists (33.6%) and dentists (20.6%). All patients had received at least monotherapy, while 27.6% were on two drugs, and 46.7% on three drugs at the time of referral. The most common therapy attempted was carbamazepine at 54.2%. Notably, 14% of the patients received opiate therapy. Interestingly, the authors noted that in 80% of cases, there had been a deviation from optimal care. As for the impact of TN, 49% of patients reported depression, 47.6% anhedonia, and 50% suffered from anxiety. At 6 month follow-up, 54.3% of respondents reported disability, defined as absence from activities of daily life.

Comment: The authors note some selection bias, as the study was conducted at a national referral center. Similar bias may exist in the observed deviation from good practice, as appropriately and successfully treated patients would be less likely to be referred. Nevertheless this article sheds light on the degree and nature of the disability resulting from TN, well beyond classically described painful symptoms which may have been underestimated in the past.

Resistant Myasthenia Gravis and Rituximab: A Monocentric Retrospective Study of 28 Patients

Submitted by Shan (Sarah) Chen, MD, PhD

Resistant (or refractory) myasthenia gravis (MG) is a chronic condition with persistent, severe MG symptoms that do not respond to traditional therapies (e.g., prednisone, azathioprine, mycophenolate mofetil, cyclosporin, cyclophosphamide, methotrexate, tacrolimus; intravenous immunoglobulins [IvIg] or plasma exchanges [PE]). The authors retrospectively evaluated the efficiency and tolerance of rituximab (RTX) in the management of resistant MG patients. They studied 28 patients who received rituximab for the treatment of MG between 2004 and 2015, and evaluated efficacy every 6 months utilizing the Myasthenic Muscle Score (MMS), the Myasthenia Gravis Foundation of America - Clinical Classification (MGFA-CC), the MGFA Therapy Status and the Postintervention Status (PIS). They reported all RTX-related side effects. Twenty-one patients had increased anti-acetylcholine receptor antibodies, three had anti-muscle-specific tyrosine kinase (MuSK) antibodies, and four were seronegative. All patients had received 1-4 immunosuppressants prior to receiving RTX. The mean follow-up was 27.2 months (range: 6-60 months). The mean total dose of RTX was 4.8 ± 2.5 g. The initial median MMS (58.8 points) improved significantly at the 6 months (74.5 ± 15.0 points; p<0.0001) and remained stable thereafter at 1 year mark: 75.9 ± 14.0 points (p = 0.00013). Among 16 patients with initial severe symptoms (MGFA-CC class IV), 14 improved. The PIS showed efficacy in about 50% (12/28) of patients at the 6 months, which remained stable thereafter at the 1- and 3- year marks. One patient developed a delayed progressive multifocal leukoencephalopathy (PML).

Comment: RTX is a genetically engineered monoclonal antibody that targets B-lymphocyte antigen CD20. RTX is currently approved for the treatment of rheumatoid arthritis and ANCA vasculitis. The efficacy of RTX in MG was first observed in patients suffering from both B-cell lymphoma and MG where the treatment of the hematological condition with RTX improved MG symptoms. However, evidence-based data are very limited. This trial, although a retrospective study, is the largest study for refractory MG in the literature. Previous studies found higher response rate: 2/3 in one, and 88.8% for anti-MuSK patients and 80.4% for anti-AChR patients. It confirmed the reduction of the daily dose of prednisone, which was consistent with previous studies. Unlike the other studies, it did not show a reduction but an unchanged use of chronic treatments with intravenous steroids, IvIg, or PE. A prospective study in ongoing (http://dx.doi.org/10.1016/j.nmd.2016.12.004).

About the News Science Editorial Board

The board helps to highlight significant, timely science news items for AANEM members. It reviews articles in journals and websites, identifies newsworthy items in the field, and writes article summaries.

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congratulations to the 2017 achievement award recipients

AANEM 2017 Lifetime Achievement Award Recipient Lawrence R. Robinson, MD

Lawrence R. Robinson, MD, will receive the 2017 Lifetime Achievement Award for his many contributions to the fields of EDX and NM medicine.

Dr. Robinson’s career in physical medicine and rehabilitation (PMR) has been honored with multiple awards, including the AANEM 2005 Distinguished Researcher Award. “I’ve been coming to every AANEM meeting since 1986,” says Dr. Robinson. “It’s great to be recognized by my main organization.”

A graduate of Brandeis University, in Massachusetts, Dr. Robinson attended Baylor College of Medicine in Houston, Texas, followed by residency at Northwestern University in Chicago. He credits his mentor at Northwestern, Dr. Ian MacLean, for his interest in EDX medicine. “Ian was a very thoughtful teacher, and got me involved in research,” said Dr. Robinson. He began publishing research in his undergraduate years, and to date has published over 130 papers.

After appointment to the faculty at the University of Pittsburgh, Dr. Robinson moved to the University of Washington in Seattle, where he spent 25 years moving up the ranks, to full Professor, serving as the chairperson of PMR for 6 years, then as Vice Dean for Clinical Affairs and Graduate Medical Education for the school of medicine. In 2014, he was ready to return to teaching, clinical care and research and relocated to Toronto, Canada, where he is currently Professor and Division Director of PMR at the University of Toronto and Head of PMR at Sunnybrook Health Sciences Centre, as well as the John and Sally Eaton Chair in Rehabilitation Science.

“I am intrigued by education - the challenge of engaging the learner,” said Dr. Robinson. He credits this thinking for the incarnation of his persona as Spike of “Spike and Wave” alongside Dr. William Litchy at a yearly “EMG Talk” at the AANEM Annual Meeting. “The NPR radio show, Car Talk, was a great example of how to engage listeners and formed the basis of “EMG Talk.” At the last “EMG Talk,” in 2014, “We received a standing ovation, and were given an award for providing 20 years of an educational series. That was a real highlight for me.”

Another highlight – “I am proud to have an index named after me, the Robinson Index,” – which improves sensitivity and specificity of sensory testing in carpal tunnel syndrome. “The idea behind this index was to see if combining multiple measures into one would perform better than using single measurements.”

When it comes to research, “I would suggest people question existing beliefs and take a fresh look at things we think we know but don’t fully understand. For example, people assumed EMG data followed a bell curve, and it doesn’t, which is changing how we do things.”

As for the future of the field – “I think it’s working collaboratively,” says Dr. Robinson. “I think there’s an opportunity to become better incorporated to the process of care. We should explore using EMG results to help determine optimal treatment and ultimately improve patient outcomes.”

AANEM 2017 Distinguished Physician Award Recipient Peter A. Grant

Peter A. Grant, MD is the recipient of the 2017 Distinguished Physician Award for his superior achievements as a clinician, educator, and association volunteer.

“It is an honor and a blessing to be recognized by your peers,” says Dr. Grant. “I feel it’s also for my wife and family. When I get an award, I feel we all did it together, because I wouldn’t be able to do this without their support.”

Dr. Grant also credits family for inspiring his choice of career. “My father, Arthur E. Grant, MD, was one of the early pioneers in PMR. Sometime during my high school years, we started to talk shop. I’d ask questions over the dinner table and he would say ‘Come to work with me and see.’ I did go to work with him, and early on I knew I wanted to go into this specialty. And now I have two sons going into PMR as well – carrying on the legacy of their grandfather!”

A graduate of Texas Tech University School of Medicine, Dr. Grant completed his residency in PMR at The Ohio State University under Dr. Ernest Johnson. “He was my friend, my doubles tennis partner, and my mentor. Of the 2700 EMGs I did while there, probably 500 were with Ernie, mostly in the small outlying towns around Columbus that we would drive to many afternoons. I learned a lot in Ernie’s car,” said Dr. Grant. Following residency he moved to Medford, Oregon and established a successful PMR private practice, with an emphasis on EDX medicine that has continued for over 30 years.

A past-president of AANEM, Dr. Grant is also the founding chair of the EDX Laboratory Accreditation Committee, his EDX laboratory being the first accredited in Oregon. “Of all the committee and leadership work I have done through the years for the AANEM, the most extensive was chairing the committee that developed the EDX lab accreditation. All of the committee members devoted many hours to this necessary endeavor.” “From my work with the FBI and Office of the Inspector General (OIG) trying to combat the severe and ever-present EDX fraud and abuse, laboratory accreditation is the only thing that is going to stop the fraudulent players. This will be the one thing that will clean up our field and enable us to provide good, quality EDX and NM medicine for our patients.”

“My advice, make your medical practice your career, make your family and personal life your passion; never let anything – government intervention, insurance companies, etc. – come between you and your patient; and get your EDX lab accredited.”

CONTINUED ON NEXT PAGE
Vincent J. Tranchitella, MD is the recipient of the 2017 Advocacy Award, honoring an AANEM member who has made continuous significant contributions to clinical neurophysiology research. “This is a significant honor, it means a great deal to me,” said Dr. Walker. “I appreciate the fact AANEM has always provided an open venue for my work. It is important for the AANEM membership to realize there are many different ways to accomplish meaningful research. This award also allows me to recognize my colleagues and AANEM members of many years, Drs. Mike Cartwright, Peter Donofrio, and Jim Caress.”

Dr. Walker completed a movement disorders fellowship at the University of Michigan, then joined the neurology faculty at Wake Forest University in 1984, becoming Professor of Neurology in 1997. He was the director of the medical student neurology clerkship for 11 years, and has been the director of the Movement Disorders Clinic and EMG labs since 1984. Dr. Walker has served in many roles within AANEM including serving as the 2013-2014 AANEM President.

Dr. Walker has been a research pioneer in two areas: the EMG-guided use of botulinum toxins for treatment in movement disorders, and the use of diagnostic ultrasound for diagnosis of muscle and peripheral nerve disorders. “Dr. Kimura said, ’The best research in medicine is always found at the boundaries between two different fields,’ ” said Dr. Walker.

An author in more than 190 peer-reviewed articles, Dr. Walker is the co-author with his trainee, and now colleague, Dr. Michael Cartwright, of one of the major textbooks on NM ultrasound. He has been an investigator on research grants which range in scope from occupational injuries in poultry workers to investigational drugs for the treatment of Huntington disease.

When it comes to career highlights, “I’ve given two AANEM plenary talks, the first in 1997 on EMG-related guidance for chemodenervation, the second in 2001, on neuromuscular ultrasound. Up until then no one in our society had realized how much of the peripheral nervous system you could see with ultrasound, and everyone was blown away by the new technology.”

The best advice he has to pass on: “Messengers who bring new ideas are not always welcome so do not let that be discouraging. Commenting on this phenomenon in his own inimitable fashion, Ralph Waldo Emerson noted that sometimes, ‘Universities hate geniuses the way convents hate saints.”

A member of AANEM since his career started in 1993, Dr. Tranchitella said, “In the late 90s some insurance company practices weren’t very fair. I wanted to give voice to physicians. I realized, if we’re not standing up for ourselves, advocating for what we do, especially in a field that’s not easily recognized, we could be forgotten about. Not to mention, we have all of these patients that need our services.”

During these past 20 plus years, Dr. Tranchitella has remained committed to practice and advocacy issues. Dr. Tranchitella served as the 2014-2015 AANEM President, during which he made it a priority to objectively demonstrate the value of high-quality EDX medicine to both payers and patients. He spearheaded the partnership with the RAND Corporation, a nonprofit think tank, in order to evaluate the correlation between quality EDX studies and accurate diagnoses. Following his tenure as President, Dr. Tranchitella has remained one of AANEM’s strongest and most committed advocacy advisors.

Dr. Tranchitella has taken a leading role in efforts to work with CMS and Congress to mandate standards of care for EDX medicine. In addition to making calls and sending e-mails, he has made multiple trips to Washington DC to meet with legislators and CMS.

Dr. Tranchitella was one of the early proponents of the AANEM Laboratory Accreditation program. In addition, Dr. Tranchitella has worked directly with referring physicians to educate them on the importance of quality EDX medicine and with private payers to negotiate higher payments for that quality.

“Advocacy is important for our patients,” says Dr. Tranchitella. “Advocacy can be very simple – take 5 minutes to send the letter we get from our medical organizations. If you want to get involved nationally, AANEM can point you in the right direction.”

There has been progress. “We have opened some eyes, we are getting some recognition from legislators in addition to insurance companies,” says Dr. Tranchitella. “It requires time we don’t have individually, but collectively we can make a difference.”

CONTINUED ON NEXT PAGE
The AANEM grants Honorary Membership to recognize nonmember physicians or scientific investigators who are major contributors to the fields of EDX, neurophysiology, NM disease, and musculoskeletal medicine through teaching, research, and/or scholarly publications. The 2017 honoree is Merit E. Cudkowicz, MD.

“This is a great honor,” said Dr. Cudkowicz. “My career is in ALS and developing new treatments. My colleagues in the field are largely neuromuscular physicians who have expertise in ALS and many other disorders. I have learned much from them on research, trial design and diagnostics. We are fortunate to do the work we do - to care for our patients and families and to have the chance to help them. This is made even better by having great colleagues and collaborators from all over that share this same passion.”

Dr. Cudkowicz received a degree in Chemical Engineering from MIT, a medical degree from the Harvard/MIT Health Science and Technology Program, interned in Internal Medicine at Beth Israel Hospital, and was a neurology resident at Massachusetts General Hospital (MGH). She completed a Harvard/MIT fellowship in clinical investigation, followed by a MS in clinical epidemiology at the Harvard School of Public Health. She began her faculty career at MGH and Harvard, rising to become the Julieanne Dorn Professor of Neurology in 2010, and the Chief of Neurology at MGH in 2012. She also serves as the Director of the MGH ALS Program and is the co-Founder and co-Director of MGH Neurology Clinical Research Institute.

Her research career has focused on the study and treatment of patients with neurodegenerative disease, particularly ALS, and she has been a leader not only in the number and quality of translational and clinical ALS trials performed, but also in working to coordinate ALS research at the national and international levels towards the critical goal of developing effective therapies. She was a founder and co-chair of what has become the world’s largest ALS clinical research organization, the Northeast ALS Consortium (NEALS), which now includes over 100 clinical site members in the U.S. and Canada.

She has been awarded over 90 grants, totaling millions of dollars, for research focusing primarily on therapeutic development in ALS, and has served or is serving as the principal investigator on the vast majority of these projects. This work has generated nearly 200 publications so far.

Her second passion has been the mentorship and training of young clinical investigators to work collaboratively in the area of translational research and new therapeutic development. Several years ago she was the co-principal investigator of a National Institute of Neurology and Stroke (NINDS) annual training course in Clinical Trial Methodology for fellows and junior faculty members in neurology. She is currently the principal investigator of the NINDS NeuroNEXT Clinical Coordinating Center where she helps investigators design and run phase II multicenter clinical trials. Both of these programs have provided many young investigators the much needed tools to obtain their first federal grants in clinical research, thereby, launching many successful clinical research careers.

To purchase coursebook bundles and more, visit: www.aanem.org/Education/All-Education-Products
Make Training Your Residents & Fellows Easier - Join the Training Program Partnership - A $2570 value for less than $50 per person

Enroll in the AANEM Training Program Partnership for access to exclusive training resources for you and your residents and fellows. For the cost of only $50 per resident/fellow (up to a maximum of $1000) per year, all of your residents and fellows become members of AANEM, and get access to educational resources including:

- NM and EDX knowledge assessment questions
- ABEM oral cases
- EDX curriculum meeting ACGME milestones including 19 modules and 50 test questions
- Free AANEM educational products
- Muscle & Nerve editor’s choice articles
- Muscle & Nerve noteworthy cases
- AANEM case reports
- Suggested readings list
- Fellowship listing
- Career center and articles

A free trial is currently available. Review the resources now because access will soon be restricted to participating programs. View the web portal at www.aanem.org/Membership/Member-Portal/Training-Program-Partnership-Resources. Other benefits of the Training Program Partnership include:

- 1- $300 discount on the AANEM Annual Meeting for Program Director
- 1- Complimentary $290 AANEM membership with Muscle & Nerve for program designee
- Additional Complimentary $290 AANEM membership for the Program Director for programs with 20+ residents and fellows
- 2- Complimentary resident/fellow annual meeting registrations ($1,000 value)

To download the flyer go to www.aanem.org/tpp-pdf. Memberships run July – June, and will be extended through December for graduating residents/fellows.

AANEM Bylaws Changes to be Presented to Membership

At the AANEM annual business meeting on Friday, September 15, 2017, in Phoenix, AZ, there will be several Bylaws changes presented to the membership. “None of the changes are significant,” noted Shirlyn A. Adkins, JD, AANEM’s Executive Director. “Most of the changes are to bring the Bylaws in line with current practices of the association.” The key changes are:

- Changing “junior member” to “resident/fellow member”
- Adding medical student as a new category of membership
- Separating collaborator and researcher into separate items
- Updating the secretary/treasurer’s, president, and president elect job description
- Updating the executive committee’s role
- Removing bonding and updating the indemnification
- Shortening the information included about ABEM

A complete copy of the changes and a clean version of the new Bylaws can be found at www.aanem.org/About.

Contact aanem@aanem.org with any questions or concerns.

AANEM fellow and active members are especially encouraged to attend and vote.

Annual Business Meeting
September 15, 2017
5:45 pm – 6:45 pm
Grand Sonoran C-D
JW Marriot Desert Ridge

Clinical Pearl

Managing a patient’s pain level can be a complex process. One popular form of pain management is the use of botulinum toxin. At the AANEM Annual Meeting, Atul Patel, MD, will be presenting a session on managing pain with botulinum toxin. The session will include discussions on the various painful conditions that have been treated with botulinum toxin, pain treatment techniques, and review of literature surrounding treatment of painful conditions using botulinum toxin. A clinical pearl you will learn in this session is:

Pain in the form of a migraine can be debilitating. One way to treat them is through botulinum toxins as it inhibits nociceptors.

To gain more clinical pearls and a better understanding in managing pain with botulinum toxin, check out the Botulinum Toxin for Pain session at the AANEM Annual Meeting on Thursday, September 14, 8:00-9:30 am.
2017 In-service Self-Assessment Examinations

In the beginning of May, over 750 physicians-in-training from approximately 150 training programs took the AANEM in-service self-assessment examinations (SAEs). Training programs use SAEs to check resident and fellow understanding of key information and concepts in neuromuscular (NM) and electrodiagnostic (EDX) medicine.

New for 2017, AANEM offered two different levels of the NM SAE: resident level and fellow level. Separating the NM SAE into two separate levels allowed Training Program Directors to better match the examination level to the physicians-in-training’s training level.

If your institution is interested in becoming a host site for AANEM SAEs, please contact the Education Department at education@aanem.org. Visit the Education SAE Training Programs page at www.aanem.org/Education/Self-Assessment-Examinations/Training-Programs for registration details and FAQs.

Here’s what the 2017 exam takers had to say:

“I thought this was a good exam. Very fair. Good overall quality of videos. Look forward to reviewing my results.”

“This exam was very helpful to highlight which areas of study I was less comfortable with in preparation for taking the neurophysiology boards this fall.”

“As a PGY2, the SAE was helpful in showing me what I will need to know by the end of my training.”

Supporting Physicians-in-Training With ACGME Milestones

AANEM members, Zachary N. London, MD; Gary W. Gallagher, MD; and Matthew J. Ebright, MD, of the University of Michigan’s Department of Neurology, have released a pioneering self-study curriculum tool for resident and fellow rotations in electromyography and nerve conduction studies. The self-study curriculum is designed to help physicians-in-training develop a basic understanding of clinical EDX studies, while assisting physicians-in-training in achieving Accreditation Council for Graduate Medical Education (ACGME) milestones in neurology, physical medicine and rehabilitation, clinical neurophysiology, and NM medicine.

The self-study curriculum’s objectives map to many of the relevant ACGME milestones, primarily those pertaining to medical knowledge, patient care, and practice-based learning and improvement. The curricular materials include an interactive, hyperlink-driven slide show with 19 educational modules, subdivided further into basic and advanced topics. In addition, there is a 50-question multiple-choice test which pairs each question with key concepts, and instructions on using the test results to develop a trainee-specific learning plan.

The University of Michigan has been using the self-study curriculum with their residents and fellows since 2007. It has been a proven, successful training tool as it is a complete, self-contained learning resource that can either be used alone on one’s own personal time, or as a supplement to supervised apprenticeship for trainees who want to learn to perform EDX studies independently. The content ensures that trainees demonstrate mastery of many of the ACGME milestones for their field.

The curriculum is part of the Training Program Partnership. A free trial is available at www.aanem.org/membership/member-Portal/Training-Program-Partnership-Resources.

USE THE AANEM CAREER CENTER FOR YOUR JOB SEARCH

Use the AANEM Career Center when you’re thinking of looking for your next job. Our online portal offers an easy way to search for new neurology, physiatry, and electrodiagnostic technologist positions throughout the country.

Browse hundreds of listings, submit your resume, and automatically receive updates when new jobs become available. Explore the Career Center website to access up-to-date resources including helpful information about health care trends, resume and interviewing tips, salary negotiations, and more, available to you for free at www.healthecareers.com/aanem.
The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) knowledge examination in chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) is designed to assess the specialized knowledge of individuals who interact with CIDP patients or physicians. The exam was open to physicians, physician assistants, nurses, and other medical/non-medical personnel interested in CIDP. The CIDP examination has been approved for Self-Assessment MOC credit by both ABPN and ABPMR.

Below is the list of candidates who passed the 2017 CIDP Knowledge Examination:

CIDP Knowledge Examination Passing Candidates

<table>
<thead>
<tr>
<th>Name</th>
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<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Allen Tirey</td>
<td>Ira Lipson</td>
<td>Kelly Weisenberger</td>
<td>Ray Liu</td>
</tr>
<tr>
<td>Anton Elias</td>
<td>James Scott</td>
<td>Ken Motylinski</td>
<td>Scott Totten</td>
</tr>
<tr>
<td>Blake Burnette</td>
<td>Jennifer Romash</td>
<td>Kevin Watkins</td>
<td>Sean Reilly</td>
</tr>
<tr>
<td>Brandon Cook</td>
<td>Joan Boselli</td>
<td>Kim Anish</td>
<td>Sondra Barcelo</td>
</tr>
<tr>
<td>Carol Goss</td>
<td>Joe Gettemeier</td>
<td>Lauren McNeill</td>
<td>Stephen Santis</td>
</tr>
<tr>
<td>Dolores Gomez</td>
<td>Joe Phillips</td>
<td>Lee Witham</td>
<td>Svetlana Khromova</td>
</tr>
<tr>
<td>Gene Kotz</td>
<td>Jose Montemayor</td>
<td>Marlan Macias</td>
<td>Sylvia Kukol</td>
</tr>
<tr>
<td>Greg Diekmann</td>
<td>Julie Davidson</td>
<td>Mohamed Khalil</td>
<td>Todd Brown</td>
</tr>
<tr>
<td>Hamid Norani</td>
<td>Karen Callahan</td>
<td>Nicole Lloyd</td>
<td>Virginia Cioffi-Carragher</td>
</tr>
<tr>
<td>Harry Yesilevich</td>
<td>Katherine Novak</td>
<td>Ray Johnson</td>
<td></td>
</tr>
</tbody>
</table>

Initial Certification Exam

The only certifying exam focused on EDX medicine. Available at PearsonVUE testing centers world-wide!

Registration: October 1 - November 30, 2017
Next exam: March 7-10, 2018
Visit www.abemexam.org or email abem@abemexam.org for details.

Maintenance of Certification (MOC)

The exam is now available online and can be taken at your place of work.

Registration: August 1 – September 30, 2017
Next exam: November 29 or December 2, 2017

Laboratories Newly Accredited by AANEM in 2017

Anna Peacock Bettendorf, MD *
Wilmington, North Carolina

Beacon Orthopaedics and Sports Medicine *
Cincinnati, Ohio

Children’s Healthcare of Atlanta *
Atlanta, Georgia

Children’s Hospital Colorado *
Aurora, Colorado

Colorado VA EMG Lab *
Denver, Colorado

Crystal Clinic Orthopaedic Center Electrodiagnostic Laboratory *
Akron, Ohio

Electromyography Laboratory at Christiana Care Neurology Specialists *
Newark, Delaware

Florida Orthopaedic Institute *
Temple Terrace, Florida

Mid-Michigan Orthopedics *
Owosso, Michigan

MSUCOM PM&R
McLaren Greater Lansing Neurodiagnostic Laboratory *
Lansing, Michigan

Southlake Orthopaedics *
Birmingham, Alabama

SUNY Upstate Medical University *
Syracuse, New York

UC Davis Neurology EMG Laboratory *
Sacramento, California

VA Puget Sound
Seattle, Washington

Twenty-four additional labs have completed their 3 year Accreditation cycle and achieved Reaccreditation status thus far in 2017.

*Accredited with Exemplary status

Update on Lab Accreditation with Exemplary Status

In the last AANEM newsletter, we announced that the Exemplary status designation would be phased out in 2017. During the AANEM spring Board Meeting, the Board revisited this issue based on member feedback and voted to reinstate Exemplary status with a change in definition. It was apparent to the Board that Exemplary status is a source of pride for many labs, and to discontinue it may have unintended consequences. The Board decided that the unintended consequences to labs outweighed the potential confusion payers may have with the two-tiered system. The Board also agreed it was important to continue to recognize labs who have met the higher standards.

Exemplary status will now be awarded to all labs whose Lab Medical Director (LMD) is advance-trained (ABEM, neuromuscular medicine or clinical neurophysiology certified). The change will take effect immediately. Labs that have changed status should have received their new certificates already.

Thank you to everyone who shared their thoughts on Exemplary status. We appreciate your active involvement in the AANEM’s accreditation program and hope to maintain an open dialogue moving forward. We continue with our advocacy efforts with both CMS and Congress to address fraud and abuse and to ask them to work with AANEM to utilize our laboratory accreditation standards.
Meet a New Symposium Chair: Shawn Jorgensen, MD

I am originally from a small town outside of Schenectady, NY and went to school at Union College and Albany Medical College where I also did my residency. I chose Physical Medicine and Rehabilitation because I enjoy trying to solve problems in the neurological and musculoskeletal system.

My practice focus and main interests are electrodiagnostics and neuromuscular medicine, as well as neuromusculoskeletal ultrasound, musculoskeletal and sports medicine. After residency, I joined a small private practice an hour north of Albany in the Saratoga and Lake George area. I am in the unusual and enviable position of being in practice with my brother and another friend we grew up with.

It is easy in such a cozy scenario for the practice to become provincial, so I try to keep my hand in education by teaching residents and medical students from Albany and University of Vermont Medical Colleges. On top of this, it is even more important for someone in my situation to go to the AANEM and other meetings yearly and to stay as involved as possible to keep a national perspective and bring home new ideas for the practice.

Why chair this symposium?

I’m excited about the symposium I’m chairing this year on Ultrasound Crossfires because I am able to choose specific questions that are interesting on an academic level, and also practical in my day to day work, and to get international experts to argue both sides of the issue. Ultrasound is particularly interesting because it is a relatively new topic that is fluid and changing rapidly. Our practice standards have not always caught up with the improving abilities of the most recent technology, unlike many of the more established topics in our field. This makes getting an up-to-date idea of what the experts in this field are doing especially important.

What can symposium participants expect?

Physicians who attend this course should leave with an up-to-date expert review of the data regarding when ultrasound should be used in the EMG lab, both for diagnosis of focal peripheral neuropathies and for guidance for needle EMG of certain muscles. This should help those who are using ultrasound currently to refine their practices as well as guide those who are considering using ultrasound in their electrodiagnostic lab in the future.

Self-Assessment Courses and Technologist Checkpoint

2017 Annual Meeting Self-Assessments

Looking for ways to meet your maintenance of certification (MOC) requirements while attending the AANEM Annual Meeting this fall? AANEM has you covered! Please visit www.aanem.org/Meetings/Annual-Meeting/Educational-Sessions/Annual-Meeting-Self-Assessments for more details.

Physicians The following courses are designated for Part II Self-Assessment (SA) credit towards maintenance of certification (MOC) with American Board of Psychiatry and Neurology (ABPN) and American Board of Physical Medicine and Rehabilitation (ABPMR). All five courses are eligible for 9 Self-Assessment CME. Successful completion of a pre- and post-test in addition to course attendance will be required to obtain full SA credit. Only one self-assessment course may be attended per day. This is *FREE to AANEM member physicians.

Physician Self-Assessment Courses:
Basics With the Experts – Wed, Sept 13, 8:00 AM
Neuropathy Course and Autonomics – Thur, Sept 14, 1:30 PM
Peripheral Neuropathy – Fri, Sept 15, 1:30 PM
ALS – Fri, Sept. 15, 1:30 PM
Systemic Complications of NMD – Fri, Sept 15, 1:30 PM

Certified Nerve Conduction Technologists (CNCTs) can earn a *FREE Checkpoint toward meeting your maintenance of certification requirements for your CNCT certification (My TMOC)? Successful completion of a pre- and post-test in addition to course attendance will be required to obtain Checkpoint credit. AANEM will report completion to the ABEM.

CNCT Checkpoint Course:
Basics With the Experts – Wed, Sept 13, 8:00 AM

*Attendance to the annual meeting courses is free to all registered meeting attendees. The physician self-assessment component and CNCT Checkpoint are FREE to AANEM members as a benefit of membership. The price for nonmembers is $50 per Self-Assessment. Interested in becoming a member. Visit https://www.aanem.org/Membership/Join-AANEM.
PHOENIX, ARIZONA
2017 ANNUAL MEETING
SEPTEMBER 13 - 16, 2017

13 Courses  4 Plenaries  13 Symposiums  141 Speakers  6 SIGS  48 Workshop

- Over 50 exhibitors
- Learn more about patient care/treatments
- See what is new in the field
- Presentation stage sessions
- Win prizes by doing Exhibit Hall Passport
- Meet new exhibitors

Exhibit Hall hours:
Wednesday 5:30-7:00 pm,
Thursday & Friday 9:00 am-4 pm

97° Average September Temperature in Phoenix

Tours:
- Sedona
- Grand Canyon
- Shopping

FB  TWR  INSTA

24 CME
For Attending the Meeting
NM / EDX Courses

EDX Prep Course
8:00 AM - 9:30 AM | Free to medical students, residents, fellows and early-career physicians. Registration required.

NM Prep Course
4:00 PM - 5:30 PM | Free to medical students, residents, fellows and early-career physicians. Registration required.

Astronomy and Gastronomy on the Ballroom Lawn
6:30 PM | Cost: $125/per person
Enjoy a sumptuous three-course meal and the beautiful desert vista while dining on the Ballroom Lawn of the JW Marriott, followed by a presentation by the Phoenix Astronomical Society. There will be several telescopes available for guests to learn about astronomy, astrophysics, and cosmology. Comfortable, cool clothing is recommended because it will be warm under the desert sun while you mill around to view stars, constellations and maybe even a meteorite through telescopes.

“Being involved in committees and the annual meetings have been rewarding, allowing me to interact with experts from around the world and stay up to date with the advances in the field.”
- Divisha Rabeja, MD

EDX Topics
32 Workshops
11 ATE
12 Courses
13 Sig/Symposiums
Plus
13 additional Sessions

New this year:
• Genetic Session
• Evidence Based Medicine
• Challenging Case Roundtable

Industry Forums
• Sanofi Genzyme
• Terumo BCT
• Alnylam Pharmaceuticals
• Strongbridge
• Biogen
Food & Beverages Provided by AANEM

“Learn some new great ways to help with your patients’ handles and gettin’ their move on!”
- Erik R. Ensrud, MD, Prosthetics and Orthotics

Special Sessions by:
• PNS
• MDA
• MGFA
Golseth Award Winners

Over 200 scientific abstracts were approved for presentation at the AANEM 2017 Annual Meeting to be held Sept. 13-16 in Phoenix, Arizona. The AANEM Program Committee chose two outstanding abstracts out of the hundreds honored with the Golseth Young Investigator Award and the Best Abstract Award, and also chose three more outstanding abstracts to be honored as runners-up.

Golseth Young Investigator Award Winner

The 2017 Golseth Young Investigator Award will be presented to Adeniyi Borire, MBBS, for the abstract, “Effects of Haemodialysis on Intraneural Blood Flow in End-Stage Kidney Disease.” Dr. Borire received his undergraduate medical degree at the University of Lagos, Nigeria, before migrating to Australia in 2009. He completed his general neurology training as well as a fellowship in clinical neurophysiology in Sydney, and is currently undertaking a PhD at the University of New South Wales in Sydney, Australia. “It is a great honor to win this award,” says Dr. Borire. “It validates the time and effort put into this research and propels me to pursue my research interests.

Key findings from the research: We used neuromuscular ultrasound to quantify intraneural blood flow (INBF) in 18 patients with end-stage kidney disease (ESKD). We found that a significant proportion of the cohort had detectable INBF, compared to none in the control group. INBF was predominantly detectable in patients with large nerves and moderate to severe neuropathy, which suggests it is a late marker of neuropathy. Interestingly, there were significant improvements in INBF and electrophysiological parameters following a single session of haemodialysis, which highlights the therapeutic effect of dialysis on nerve structure and function.

Why did you choose to submit research to the AANEM meeting? The AANEM meeting is highly regarded in the field of NM and EDX medicine. I chose to submit my research here so that it could be reviewed and recognized by experts in the field.

Golseth Young Investigator Runner-up

The runner-up for the Golseth Young Investigator Award is Berdale Colorado, DO, MPH, of Washington University Orthopedics in St. Louis, MO, for his abstract, “Prevalence of Carpal Tunnel Syndrome Presenting With Symptoms in an Ulnar Nerve Distribution: a Prospective Study.” Dr. Colorado said, “I’m very honored and grateful for this award. This gives me added motivation and confidence to further pursue my research. I’d like to thank the AANEM for their commitment to supporting research.

Key findings from the research: This prospective study looked at the prevalence of carpal tunnel syndrome that presents with symptoms primarily in an ulnar nerve distribution. Thirty subjects with a Boston Carpal Tunnel Questionnaire Symptoms Severity Scale score greater than 2 and localization of symptoms to the ulnar nerve distribution were identified and underwent a standardized physical examination, electrodiagnostic testing, and ultrasound of the ulnar nerve at the elbow. Of the 30 subjects, 11 (37%) were found to have exclusive carpal tunnel syndrome and no evidence for an ulnar neuropathy.

Why did you choose to submit research to the AANEM meeting? The AANEM meeting offers great educational sessions, but, more importantly, it offers the opportunity to interact and discuss with colleagues/experts from across the country. I have an interest in further studying the role of ultrasound in carpal tunnel syndrome and ulnar neuropathy at the elbow. In addition to research, I enjoy teaching residents and fellows in EMG, ultrasound, and musculoskeletal medicine.

President’s Research Initiative Award

The President’s Research Initiative Award is given to the 10 best abstracts submitted on the topic chosen by the AANEM President each year. 2017 topic: Enhancing the Understanding, Diagnosis and Management of Painful Neuromuscular Conditions.

Congratulations to this year’s award winners: Berdale Colorado, MD; Tammy Hether, R.EEG/EP T, R.NCS T; E. Matthew Hoffman, MD PhD; Hani Kushlaf, MD; A. Arturo Leis, MD; Mingsheng Liu, MD; Pauline Luong, M Eng; Alexandre Recchia, MD; Darryl Sneag, MD; Keith Tansey, MD, PhD.

Scientific abstracts for the 2017 AANEM Annual Meeting will be printed with the September 2017 issue of Muscle & Nerve, and are available in PDF format at www.aanem.org/meeting.
Best Abstract Awards

Best Abstract Award Winner

The Best Abstract Award will be presented to Ikjae Lee, MD, Assistant Professor of Neurology at the University of Alabama at Birmingham, for the abstract, “Gender and Quality of Life in Myasthenia Gravis Patients From the MGFA Registry.” Dr. Lee said, “When I received the announcement, I was shocked, followed by immense joy. This award has given me strong confidence that I am on the right path. This award also has provided an excellent opportunity to introduce the MGFA registry to our fellow myasthenia gravis researchers as the data are open to those with ideas.”

Key findings of the research: This study shows that quality of life is impaired more so in women than in men with myasthenia gravis. Daily function was more impaired, comorbid autoimmune disease was more common, fatigue and depression scores were worse in women as well, all of which affects the quality of life. When we looked at quality of life scores amongst those with and without thymectomy, quality of life scores were significantly better in women who had thymectomy than those who did not. This improvement was not observed in men who had thymectomy. Sex differences were clearly present in this myasthenia gravis population and the effect of thymectomy appeared to be different as well.

Why did you choose to submit research to the AANEM meeting? I learned about AANEM during my fellowship when I conducted a survey-based study with my fellowship director Dr. Hani Kushlaf. Since then, I’ve been attending every AANEM meeting and submitting my work here. I believe AANEM represents the best interests of those of us who are dedicated to taking care of patients with neuromuscular disorders. This is the right audience for my research.

What are your research and professional interests going forward? I am interested in the patient side of neuromuscular disorders. When Dr. Cutter introduced me to the MGFA registry, I was instantly hooked. There were enormous amounts of patient-oriented data available through this relatively new registry. Starting in 2014, over 1800 myasthenia gravis patients volunteered to provide their personal health information to promote research with a vision of a “world without myasthenia.” Drs. Kaminski, Burns, Cutter, The MGFA, and their colleagues have put in huge efforts developing and maintaining the registry. This would not have been possible without hearty support from MGFA. I felt obligated to use the data in a meaningful way, my version of a small contribution. This is one of the first studies using the registry data and I hope this would bring interest from other researchers as well.

Best Abstract Runners-Up

The runners-up for Best Abstract are Ioannis Karakis, MD, PhD of Emory University, Atlanta, GA, (now at Grady Memorial Hospital EMG lab) for the abstract, “Electrophysiologic Features of Radial Neuropathy in Childhood and Adolescence,” and Peter K. Broadhurst, MD, of the University of Toronto, Toronto, ON, for the abstract, “Effect of Hip and Knee Position on Nerve Conduction in the Common Fibular Nerve.”

“I am privileged to be selected for the best abstract runner-up award,” said Dr. Karakis. “In addition to recognizing my research endeavors, it sparks my aspiration for further contributions. I would like to thank my collaborators for this study, the participating patients and their families, as well as the AANEM for this distinct honor.”

Key findings of the research: This study analyzes patterns of nerve injury in pediatric radial neuropathy (PRN). It shows that PRN is frequently of traumatic etiology and axonal pathophysiology. Contrary to adults where localization at the spiral groove predominates, pediatric cases are commonly localized at the posterior interosseous nerve or distal main radial trunk.

“We found a significant difference in conduction velocity through the fibular nerve from the popliteal fossa to the fibular head (knee segment) based on the subject’s hip position. We found that when subjects had their legs straight but hips flexed, there was an average increase of 2.5 m/s conduction velocity through the knee segment compared with when the subjects were laying flat, our control position. We suspect this increase in velocity correlates with decreasing slack or redundancy through the fibular nerve associated with hip flexion.”

Peter K. Broadhurst, MD

“We are honored to receive this recognition from the AANEM for this work far surpasses my initial expectations when planning this project, and really instills a desire to continue this line of research. I also want to include a special thanks to Dr. Larry Robinson who helped guide this project and provided tremendous support throughout the process.”

Key findings of the research:

We found a significant difference in conduction velocity through the fibular nerve from the popliteal fossa to the fibular head (knee segment) based on the subject’s hip position. We found that when subjects had their legs straight but hips flexed, there was an average increase of 2.5 m/s conduction velocity through the knee segment compared with when the subjects were laying flat, our control position. We suspect this increase in velocity correlates with decreasing slack or redundancy through the fibular nerve associated with hip flexion.
2017 Residency & Fellowship Member Award Winners

Over 30 residency and fellowship members of AANEM will be recognized at the 2017 annual meeting. The Residency and Fellowship Member Award encourages young physician members to conduct research in NM and EDX medicine.

Presenting at the meeting is a valuable learning experience for residency and fellowship members. As part of the recognition, recipients are offered a peer review by members of the AANEM Program Committee, who review the research during their poster presentation session and give comprehensive feedback for future presentations.

To qualify for the Residency and Fellowship Member Award, the first author must be a residency or fellowship member of the AANEM at the time of submission and be available to present at the meeting.

Congratulations to the following 2017 recipients:

- Randall Brown, BS
- Rejo Cherian, MD
- Yao Feng Chong, MB BChir, MRCP (UK)
- Travis Coats, MD
- Sara Dehbashi, MD
- Christyn Edmundson, MD
- Rocío García Santibáñez, MD
- Francisco Gomez, MD
- Sandra Guio Carrillo, MD
- Rohit Gummi, BS
- Shelby Herr, BS
- Klaudia Kukulka, BS
- Natalie Kukulka, BS
- Diana Mnatsakanova, MD
- Nataly Montes-Chinea, MD
- Alexandru Olaru, MD
- Chakrapani Pathikonda, BS
- Kayla Roddick, MD
- Kaye Sedarsky, MD
- Shalvinder Seehra, BS
- Shuja Sheikh, MD
- Scott Speelziek, MD
- Thananan Thammongkolchai, MD
- Harmanpreet Tiwana, MD
- Lauren Tucker, BS
- Rocío Vazquez do Campo, MD
- Olivia Yambem
- Crystal Yeo, MD, PhD
- Drew Young, BS
- Ilya Zolotnik, MD

Technologist Receives Recognition Award

The Technologist Member Award is given to AANEM member technologists who are first author presenters of accepted abstracts for the annual meeting. Congratulations to the following 2017 recipient:

- Tammy Hether, R.EEG/EP T, R. NCS T.

Auction Item Sneak Peak!

The AANEM Foundation received a fantastic donation from Cadwell Industries, Inc. to assist in our fundraising efforts. Here is a sneak peak at just one of the amazing auction items we will be featuring during the silent auction during the AANEM Annual Meeting.

Cadwell Sierra Summit Two-Channel EMG/NCS system. Fully loaded software package with all NCS and EMG protocols including Blink, RNS, SFEMG, MUNE, Auto MUP Analysis, Interference Pattern analysis, Autonomic testing and more. Integrated Ultrasound software license included (Ultrasound hardware not included). Portable configuration with laptop and roller bag.

List Price: $27,354

Come prepared to bid on this and other incredible items.

Join us in supporting the AANEM Foundation for Research & Education.

To donate an item for the AANEM Foundation Silent Auction or make a direct donation to the Foundation, visit www.aanemfoundation.org/Donate/Silent-Auction-Donations or email foundation@aanem.org.

The fair market value of all auction items donations are tax deductible to the extent of the law. In lieu of an auction item donation, direct donations may be made to the Foundation.
Glucocorticoids in Fiber Repair and Regeneration of Dystrophic Muscles

Development grant jointly funded by the AANEM Foundation and the Muscular Dystrophy Association (MDA) was awarded in 2017 to fund the following project.

Dr. Quattrocelli shared his thoughts on his research and this award:

• What spurred your interest in this type of research? Muscle dystrophies are still incurable diseases, chronically undermining our everyday abilities like walking, or even breathing. At present, chronic dosing of glucocorticoid steroids is the only pharmacological treatment in use, and it is indicated only for patients with Duchenne muscular dystrophy, and not with other forms of this disease. Remarkably, however, we still basically lack comprehensive understanding of how steroids act on muscle and heart. We need this knowledge to refine steroid treatments in order to maximize the beneficial effects on chronically damaged muscle, and to minimize side effects like obesity, osteoporosis, and – quite paradoxically – muscle degeneration too.

• How will this award help you in your research? This development award, co-sponsored by the AANEM, will support me in critically advancing knowledge about the action of steroids in muscle on two parallel fronts: 1) I will investigate how different frequencies of steroid dosing (for example: weekly, daily,…) impact the ability of muscle to self-repair; and 2) I will study how the action of steroids entwines with a potent genetic regulator of muscle function, shedding light on how efficacious steroids can be in the presence of genetic variations. Importantly, I will benefit from the highly valuable networks of scientific and medical experts that the AANEM gathers in the field of neuromuscular diseases.

AANEM Foundation and IFCN Fellowship Awards

The AANEM Foundation International Fellowship Award provides an opportunity for physicians who practice in economically developing countries to apply for funds to support their education through attendance at the AANEM Annual Meeting. Up to five International Fellowship Awards are granted annually. All applicants are also automatically considered for awards offered through the North American Chapter of the International Federation of Clinical Neurophysiology (IFCN). Congratulations to the following 2017 recipients:

AANEM Foundation Award Winners
Mohamed Sherif El-Morsi, MD, Egypt
Diana Gonzalez-Bravo, MD, Colombia

IFCN Award Winners
Rowaida Hamdy Ali, MD, Egypt
Micke Enrique De Arco Espinosa, MD, Argentina
Ingrid Faber de Vasconcellos, MD, PhD, Brazil
Manal Mohamed Gaber, MBBS, Egypt
Sandra Patricia Guio-Carrillo, MD, Esp, Colombia
Barbara Aymee Hernandez, MD, PhD, Cuba
Joao Aris Kouyoumdjian, MD, PhD, Brazil

Flavia C.N. Machado, MD, PhD, Brazil
Proel Perez Galdos, MD, Peru
Maria Lucia Rattagan, MD, Argentina
Tiju Sultan, MBBS, FCPS, MSc, Pakistan
Vineetha Venugopal, MD, DNB, DM, India
Dr. Ahmad Wali, MD, Pakistan
Joel Victor Gutiérrez Gil, MD, PhD, Cuba

Funded by the North American Chapter of the IFCN

Funded by the North American Chapter of the IFCN
Research Projects Currently Funded

<table>
<thead>
<tr>
<th>Project</th>
<th>Investigator</th>
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<tbody>
<tr>
<td>LncRNA as Therapeutic Target for SMA</td>
<td>Constantin d’Ydewalle, PhD</td>
</tr>
<tr>
<td>Improving the Diagnosis of Neuromuscular Diseases</td>
<td>Monkol Lek, PhD</td>
</tr>
<tr>
<td>Motor System Connectivity Influences in Amyotrophic Lateral Sclerosis</td>
<td>Christi L Kolarcik, PhD</td>
</tr>
<tr>
<td>The Value of High Quality Electrodiagnostic Work-Associated Carpal Tunnel Syndrome</td>
<td>Teryl K. Nuckols, MD</td>
</tr>
<tr>
<td>Glucocorticoids in Fiber Repair and Regeneration of Dystrophic Muscles</td>
<td>Mattia Quattrocelli, PhD</td>
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</table>

The above research projects demonstrate the AANEM Foundation’s commitment to fund research. In order to provide long-term funding for two to three projects of about $120,000 per year, the AANEM transferred $3 million to the Foundation. “The AANEM is committed to supporting research, as demonstrated by this transfer of money to the Foundation,” said William S. Pease, MD, AANEM President. “This amount, however, only begins this commitment by funding two projects with the MDA and one project through AANEM. There are many more great research ideas that we are unable to fund. Please consider donating to the AANEM Foundation to help us advance neuromuscular medicine through research that will someday lead to improved treatments for our patients.”

With your help, the AANEM Foundation can fund research that will improve the lives of patients with neuromuscular diseases. Together we can support researchers that are finding the treatments and cures for tomorrow. Help the next generation of researchers. Administrative costs are paid for by the AANEM - 100% of your donation supports these initiatives.

To donate to the Foundation. www.aanemfoundation.org/Donate. Donations are tax-deductible.

You Can Make A Difference
Welcome, New Members!

The AANEM extends a warm welcome to the 432 new members who joined us in 2016. Names of new members are listed at www.aanem.org/membership/new-member-list. A complete online directory of all members can be found in the “membership” section of www.aanem.org.

All physician members agree to uphold the principles and guidelines described in the AANEM’s Guidelines for Ethical Behavior Relating to Clinical Practice Issues in Electrodiagnostic Medicine and the American Medical Association’s Principles of Medical Ethics. All nonphysician members agree to abide by the AANEM’s position statement, Who is Qualified to Practice Electrodiagnostic Medicine?, stating that only properly trained physicians may perform and interpret needle electromyography (EMG) and interpret nerve conduction studies.

AANEM Annual Report Available

The AANEM and the AANEM Foundation for Research & Education want to help you improve the lives of patients with neuromuscular diseases. We know you are feeling pressured to do more with less. We want your AANEM membership to help reduce that pressure and provide you the information, education, and resources you need. Review the 2016 Annual Report at www.aanem.org/About/Vision-Mission-and-Values to see what we accomplished in 2016. It is an exciting time to be in this field with new discoveries every year. We look forward to continuing to work for you in 2017. Thank you for your support, your participation, and for all you do to improve the lives of your patients with muscle and nerve diseases. Please feel free to contact the AANEM executive office at 507.288.0100 or aanem@aanem.org for any suggestions of how we can improve your membership experience.

TEST YOUR KNOWLEDGE

A 20-year-old male presents with progressive weakness of the right hand over the past 2 years. He has distal weakness and atrophy of the hand muscles. His electrodiagnostic study shows normal nerve conduction studies with needle electromyography demonstrating large, polyphasic motor units in the first dorsal interosseous, flexor carpi radialis, pronator teres, and extensor digitorum communis muscles. The brachioradialis is normal. What is the most likely diagnosis?

A. Upper trunk plexopathy
B. Lower trunk plexopathy
C. Monomelic amyotrophy (Hirayama disease)
D. C6 radiculopathy
E. Kennedy disease

Answer on Page 22

TEST YOUR KNOWLEDGE

The most useful compound muscle action potential (CMAP) measurement for estimating the severity of a nerve lesion is the:

A. Amplitude
B. Distal onset latency
C. Conduction velocity
D. Negative phase duration

Answer on Page 22

NEW 2017 Annual Meeting Collection Available to Members

In lieu of coursebooks, members will now be able to purchase a digital download of presentations from the 2017 Annual Meeting. Collection Includes: 13 Courses, 4 Plenaries, 6 SIGs, 5 Special Sessions, 13 Symposiums, 80+ AMA PRA Category 1 Credit™; 80+ hours of live audio.

The Annual Meeting Collection download will be available approximately 1 week after the Annual Meeting. Purchasers will be notified when available.

AANEM NO LONGER OFFERS COURSEBOOKS. Prices above are at an introductory price and are subject to change.
Over the past year, US Rep. Pete Sessions (R-TX) has gone above and beyond in his support of AANEM’s efforts to establish mandatory standards to ensure the quality of EDX medicine nationwide. Rep. Sessions and his staff have taken special interest in AANEM’s advocacy efforts, going so far as to personally contact the leadership at the Centers for Medicare and Medicaid Services (CMS) to set up a meeting for AANEM. In recognition of his extraordinary efforts on our members’ behalf, the AANEM Board of Directors awarded the congressman the AANEM Distinguished Public Service Award.

The AANEM State Liaison Committee surprised Rep. Sessions with this award at their committee meeting in Washington DC this past May. Even though Congress was out of session at the time, Rep. Sessions flew back for the day specifically to attend the meeting and speak to the committee about the current state of healthcare on Capitol Hill. After accepting the award, the congressman invited the liaisons to join him for a personal, behind-the-scenes tour of the Capitol and an in-depth conversation about healthcare reform.

Rep. Sessions’ support of AANEM’s advocacy efforts has been fostered by his relationship with past AANEM President, Peter Grant, MD. Although they attended high school together, they hadn’t connected in years until the 2016 AANEM Day on Capitol Hill, when Dr. Grant dropped by Rep. Sessions office for a quick hello. The impromptu visit led to Rep. Sessions seeking Dr. Grant’s thoughts on various healthcare issues, going so far as to appoint Dr. Grant as a vice chair to the National Physician’s Council on Healthcare Policy (NPCHCP).

When asked about his relationship with Rep. Sessions, Dr. Grant explained:

Pete and I became friends back in the early ’70s at Winston Churchill High School in San Antonio, Texas. Even in those days, as a long distance runner, Key Club member, and other aspects of his life, Pete was passionate about and committed to those things he cared about. He remains that way today as a US Congressman of 21 years. Rekindling our friendship has been a real blessing for me, both professionally and personally. I cannot tell you how fortunate the AANEM is to have Pete and his amazing staff on our side as we move forward with our work in Washington DC.

AANEM Health Policy Director, Millie Suk, JD, MPP, said, “Rep. Sessions and his staff have been great to work with, always going out of their way to help AANEM out in any way that they can. They understand the importance of ensuring quality EDX medicine for patients and have truly become champions of the AANEM. I look forward to our continued work with the Congressman and his staff.”

Coding With Carrie

**2017 CPT Code Changes**

_Carrie Says:_ I am looking at the 2017 Physician Fee Schedule, and I would like to know how to translate the RVUs into a dollar amount for reimbursement?

Payment rates are based on the sum of three separate RVU categories:

- **Work RVUs** reflect the relative levels of time and intensity associated with furnishing a service. These RVUs specifically cover the physician work.
- **Practice Expense (PE) RVUs** reflect the cost of nonphysician labor and expenses for equipment and supplies.
- **Malpractice RVUs** are meant to cover the cost of malpractice insurance for each procedure/service.

The physician fee schedule is composed of three basic elements:

- The Relative Value Units (RVU) for each service (work, PE and malpractice)
- A geographic adjustment factor to adjust for regional variations in the cost of operating a health care facility (Geographical Practice Cost Index or GPCI)
- A national conversion factor (the conversion factor for 2017 is 35.8887)

The formula for calculating payment amounts is:

\[
\text{Total RVU} = (\text{work RVU} \times \text{work GPCI}) + (\text{practice expense RVU} \times \text{practice expense GPCI}) + (\text{malpractice RVU} \times \text{malpractice GPCI})
\]

\[
\text{Payment} = \text{Total RVU} \times \text{Conversion Factor}
\]

For more information on specific RVUs, please visit the AANEM website [www.aanem.org/Practice/Coding-and-Billing/Coding-Resources](http://www.aanem.org/Practice/Coding-and-Billing/Coding-Resources). If you have questions, please contact the AANEM policy staff at policy@aanem.org.
With the implementation of MACRA this year, AANEM policy staff has created resources to answer your questions about this new payment system. We encourage you to visit our MACRA webpage for webinars and other resources designed specifically for neuromuscular and electrodiagnostic physicians: www.aanem.org/Practice/Medicare/MACRA.

Below are some of the most frequently asked questions:

What is the Medicare Access and CHIP Reauthorization Act (MACRA)?
In very general terms, MACRA:
• Repealed the Medicare sustainable growth rate (SGR) payment formula
• Creates a new payment framework, called the Quality Payment Program (QPP) where physicians are rewarded for providing higher quality care by participating in one of two tracks:
  o Merit-Based Incentive Payment System (MIPS); or
  o Advanced Alternative Payment Models (AAPMs)

Note: MACRA is a completely separate piece of legislation from the Affordable Care Act (ACA) and, thus, will not be impacted if the ACA is repealed.

Who is required to participate?
Eligible clinicians include: physicians, PAs, NPs, CNSs and CRNAs. Eligible clinicians are only those who bill Medicare Part B MORE than $30,000 and provide care for MORE than 100 Medicare patients a year. Eligible clinicians who do not meet this criteria are EXEMPT under the “low volume threshold.” Other eligible clinicians that are exempt from MIPS include those who are in their first year billing Medicare and clinicians who qualify for a bonus payment under AAPMs.

What if I don’t participate?
You will see a 4% penalty in your Medicare payments in 2019. The penalty will continue to increase each year until it tops out at 9% in 2024. In addition to the monetary penalty, clinicians should be aware that all data will be posted on the Physician Compare website, which is accessible to the public.

What is MIPS?
MIPS combines three existing Medicare quality reporting programs into a single quality payment system: Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VBPM), and meaningful use of EHRs (MU). It also adds a new category: Improvement Activities (IA). Scores from the four categories are combined to calculate a final score (0-100) that is compared against a threshold. The four categories are:
• Quality (based on PQRS)
• Advancing Care Information (based on MU)
• Cost (based on VBPM)
• Improvement Activities (new category)

Can I participate in MIPS without an EHR?
Yes. In an effort to encourage eligible clinicians to participate in MIPS in 2017 (and avoid the 4% penalty), CMS has deemed 2017 a “transition year” and is allowing clinicians to participate by reporting as little as ONE quality measure on ONE patient. There are several quality measures that may be of relevance to AANEM members that do not require an EHR. If you are participating in AAN’s Axon Registry or another qualified registry, you can report those measures via the registry. If you aren’t participating in a registry, there are several measures that you can report on via claims. Visit our MACRA web page for a complete list: www.aanem.org/Practice/Medicare/MACRA.

You can also opt to participate in an Improvement Activity (this must be performed for a minimum of 90 consecutive days).

Should I report as a group or as an individual?
If you work in group practice, you have the choice to report as an individual or as a group. However, if you decide to report as a group, ALL eligible clinicians must report under the group’s tax identification number (TIN) – no one is allowed to report individually. Similarly, if your group elects to report together, even if you would be exempt under the low-volume threshold on the individual level, you MUST participate with the group. Under the group reporting option, all eligible clinicians will report on the same measures in each of the four categories.

There are several considerations that group practices should consider, especially:
• How do you plan to report? For example, claims-based quality reporting is only allowed for those reporting as individuals, while only groups of 25 or more eligible clinicians are allowed to report using the CMS web interface.
• What will be easiest for the staff? It can be quite burdensome for staff to track and report multiple measures for multiple clinicians.
• Do some of your clinicians not have applicable quality measures? In that case, it may be easier to report as a group and report on measures that DO apply to some of the clinicians (the measures selected do not need to apply to each eligible clinician in a group).

Are there special considerations for small or solo practices?
Solo practices or small groups (defined as FEWER than 15 providers) receive double points for their improvement activities and, therefore, only have to do half of the amount of activities as larger practices.

How do I select quality measures?
For 2017, there are more than 270 quality measures to select from. If you are fully participating in MIPS in 2017:
• Select six measures, including one outcome measure (if an outcome measure isn’t applicable, select another high priority measure). If there aren’t six applicable measures, report on as many as you can, then you will need to go through a MAV-like process (similar to PQRS) to have your score re-weighted.
• For each quality measure, you must report on at least 50% of your eligible Medicare and non-Medicare patients.
• You must also have a minimum of 20 cases to be included in the Quality category score.
• Visit the AANEM MACRA website for a list of measures most likely to be applicable to AANEM members (www.aanem.org/Practice/Medicare/MACRA).

Additionally, keep in mind that each measure has different
specifications, reporting frequency (some must be reported for each visit while others are reported only once a year) and reporting options (some must be reported via EHR, etc.) – check the MIPS Quality Measures Specifications prior to selecting measures: qpp.cms.gov/measures/quality.

If you have any additional MACRA-related questions, please don’t hesitate to contact the AANEM policy department for assistance: policy@aanem.org.

The AANEM released its second list of five tests and procedures that doctors and their patients should question as part of the Choosing Wisely® campaign organized by the American Board of Internal Medicine (ABIM) Foundation. AANEM created the list to help further its goal of ensuring that NM patients receive only the highest quality care.

Below is the second Choosing Wisely® list:

1. Don't use intravenous immunoglobulin (IVIg) in the treatment of idiopathic length dependent axonal polyneuropathy.
   IVIG is an expensive therapy with side effects that may include severe allergic reactions, headaches and blood clots. It is recommended for use in Guillain-Barré Syndrome, chronic inflammatory demyelinating polyradiculoneuropathy, and multifocal motor neuropathy, but not other polyneuropathies.

2. Don't routinely use B vitamin supplements for the treatment of polyneuropathy or neuropathic pain unless a deficiency exists.
   There is no indication for supplementing with B vitamins in patients with polyneuropathy unless a deficiency has been detected or is highly likely secondary to other medical factors (e.g. gastric bypass surgery). In addition to being an unnecessary expense, excessive vitamin B-6 can lead to toxicity and cause worsening neuropathy.

3. Don't perform nerve conduction studies or electromyography for muscle pain in the absence of other abnormalities on examination or laboratory testing.
   Muscle pain or myalgias are common. The likelihood of finding a muscle disease in an individual with muscle pain who has a normal neurologic exam and laboratory tests is quite low.

4. Don't choose opioids or narcotics as the first choice of treatment for neuropathic pain.
   Opioids and narcotics include drugs like hydrocodone, oxycodone, fentanyl, and others. Risks related to the use of these drugs include uncontrollable sleepiness and slow or stopped breathing. They are a leading cause of addiction and avoidable death. Opioids may be less risky when used for a short time after some surgeries, or when used for pain related to deadly cancers. There are many effective, safer options for neuropathic pain.

5. Don't have genetic testing for nerve and muscle diseases prior to having a discussion with your physician or a genetics professional.
   Genetic testing is now widely available and can be ordered directly by patients from home. Due to the potential implications of test results and the complexity of testing, patients are advised to speak with their physician or genetic counselor prior to having testing performed. Pre-testing counseling will help patients select appropriate testing, and understand the limitations of testing, potential out of pocket costs, and the effect that positive test results may have on the patient and their family.

The Choosing Wisely® campaign was initiated by the ABIM Foundation in 2011, with the first list published in 2012. To date, over 60 specialty societies have created Choosing Wisely® lists, with several societies publishing multiple lists. The purpose of these lists is to help trigger conversations between providers and patients to help ensure the patient receives the best possible care.

The AANEM released its first Choosing Wisely® list in February 2015. Both of these lists were created by members of AANEM’s Professional Practice Committee, then approved by the AANEM Board of Directors. The lists were sent to all medical societies participating in the Choosing Wisely® campaign for comment, allowing AANEM the opportunity to edit the list if they believed the suggestions were appropriate.

Find out more about Choosing Wisely® and view AANEM’s full list of recommendations with explanations and citations at: choosingwisely.org and at www.aanem.org/Patients.

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**TEST YOUR KNOWLEDGE ANSWER**

Answer: C

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**TEST YOUR KNOWLEDGE ANSWER**

Answer: A
Source: Principles of Nerve Conduction Studies and Needle EMG: What We Measure and What It Means; AANEM Annual Meeting Coursebook; 2016; Mark A. Ferrante, MD and Bryan E. Tsao, MD.
Join the American Medical Association to Represent Your Field

In order to best serve the subspecialty of EDX and NM medicine, we must continue to be represented in all facets of the house of medicine, including the American Medical Association (AMA). Your membership in the AMA not only provides resources for your practice, but also strengthens AANEM’s representation in the AMA House of Delegates (HOD)—the policymaking body of the AMA—and allows us to have a collective voice to bring forth the perspectives and interests of our specialty.

Currently, AANEM maintains our influence in the AMA through a delegate and alternate in the HOD, an advisor and alternate to the Relative Value Scale Update Committee (RUC), and an advisor and alternate to the Current Procedural Terminology (CPT) Editorial Panel. All of these seats give AANEM direct access to and influence in policy making, graduate medical education, and physician payment issues. Without a critical mass of EDX and neuromuscular physicians belonging to the AMA, we cannot maintain these positions of influence.

AMA member benefits include:

- **DynaMed Plus**: **Free 18-month trial.** This evidence-based clinical reference tool provides immediate answers to clinical questions, including over 10,000 images.
- **Unlimited access to The JAMA Network** which brings together the Journal of the American Medical Association (JAMA) and all 11 specialty journals with CME.
- **STEPS Forward**, the AMA’s new practice improvement series, features CME online modules, designed to help physicians manage workflow, lower overall costs, address physician burnout (with virtual and in-person mentoring), and more.
- **AMA preferred provider offers and services from Mercedes-Benz®, UPS®, Hertz® and many more.**

To activate your AMA membership, visit ama-assn.org/go/join or call (800) 262-3211. To ensure our subspecialty is fully represented, please be sure to indicate that you are joining as a representative of AANEM.

### Updated Brochures to Assist Your Practice

#### What To Expect During an EMG Brochure

AANEM has updated the What To Expect During an EMG brochure and made it downloadable for only $25 for AANEM members exclusively. Every patient should be given this brochure prior to undergoing an EDX examination. Written in simple terms, this trifold brochure explains how to prepare for the study, why NCSs and needle EMG are performed, and who should be performing the studies. It also prompts the patient to notify you of health concerns (i.e. a pacemaker, blood thinners) prior to undergoing the examination. There is room on the back to include appointment and contact information, Purchase the PDF for only $25 and send it to your printer to make as many copies as you need to distribute to your patients.

**Now available in Spanish >>**

#### Patient Referral Brochure

AANEM has updated the Referral Brochure and made it downloadable for free for AANEM members only. Educate your referral sources about the importance of referring to a trained EDX physician. This trifold brochure can easily be sent with an introduction letter to encourage physicians to refer their patients to you for evaluation. It educates the referring physician about the importance of referring to a trained EDX physician and provides a list of common problems where an EMG and NCS can help make the diagnosis. It also explains what a high quality evaluation should look like. The back panel lets you add information such as your name, address, telephone, website, certifications, and accreditations. Download the brochure and send it to your printer to make as many copies as you need to distribute to your referral sources. The brochure can be found at www.aanem.org/Education/All-Education-Products.

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**TEST YOUR KNOWLEDGE**

Check out the Test Your Knowledge question that is posted every other week on the AANEM Facebook page. Share your answer in the comments, then check back in at the end of the week to see AANEM’s posted answer.
Tell Us Why You Belong to AANEM

Continued from Page 1

Education for All Phases of Your Career

“I attended and enjoyed many AANEM meetings over the years. These are well-organized meetings with a wide variety of educational offerings. I started with educational courses for the beginners, and I continued to attend more advanced courses. AANEM helped me reach my CME requirements, and I just recently took advantage of discounted SAEs for my Neurology board recertification. Muscle & Nerve is a solid journal that I enjoy reading.”

Cristian Ionita, MD
Associate Clinical Professor of Pediatrics and Neurology;
Madison, CT

Help Resolving Any Billing Issue

“AANEM has been able to help us with billing issues, Meaningful Use, MACRA, MIPs, and several other areas. Overall, having access to AANEM on this level is a huge resource. AANEM can speak to our specialty which is what separates them from any other organization. We could easily reach out to a compliance company or a billing company and ask the questions but the inquiries that come across my desk need the expertise that only AANEM staff can provide.”

Van T. Jackson, Jr., MBA, FACMPE, CHC
Practice Administrator
Adirondack Rehabilitation Medicine, PLLC
Queensbury, NY
Staff for AANEM members Drs. Shawn and Todd Jorgensen

AANEM Has Been an Excellent Resource!

“I joined AANEM during my residency and since then it has been an excellent resource, not only for educational material but also for building relations. Being involved in committees and the annual meetings have been rewarding, allowing me to interact with experts from around the world and stay up to date with the advances in the field.”

Divisha Raheja, MD
Assistant Professor
West Virginia University
Morgantown, WV

Valuable Coding Expertise

“I have found the billing and coding resource to be quite valuable to our Department. In the ever changing world of documentation, coding, and billing requirements, the AANEM has been there to provide us with guidance and expertise in a timely manner.”

Scott A. Vota, DO
VCU Health
Richmond, VI

Opportunities for Physicians at Every Age and Practice Type

“This is not just an organization for middle-aged physicians in academic medicine. As a “young” physician who is not in academic medicine and has a general physiatry practice, I have felt completely welcome at the annual meetings! I plan to continue to attend every year! I hope more general physiatrists will check out what the annual meeting has to offer each year! I think they will be as impressed as I’ve been with the organization!”

Tara Mencias, MD
Aurora Medical Group
Physical Medicine and Rehabilitation
Milwaukee, WI

Help With Insurance Carriers to Assure Appropriate Reimbursement

“Our office had an issue with BC/BS not accepting symptom codes for EMG studies. Thanks to the persistence of the AANEM staff, our claims have been paid instead of having to lose the reimbursement our physicians deserved. Without AANEM, I would not have been able to have BC/BS change their policy. AANEM staff is always helpful.”

Angelica Medrano, CPC, CPMA
Billing Compliance Auditor
for Dr. Partha S. Ghosh
Boston Children’s Hospital
Boston, MA