Get to Know Our AANEM President

Funding Bolsters Next Generation of Researchers

Member Spotlight

AANEM Expands Advocacy Efforts

Next Stop ... Washington, DC!

Eric J. Sorenson, MD
AANEM President
AANEM Edge is a biannual newsletter. It is mailed, free of charge, to AANEM members and related associations. Other interested persons should contact the AANEM for a complimentary issue. Send inquiries to: AANEM Edge, Attn: AANEM Communications Department, 2621 Superior Drive NW, Rochester, MN 55901.

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NEWS SCIENCE EDITORIAL BOARD (NSEB)
The NSEB reviews more than 30 medical journals to identify important, newsworthy items in the field and summarizes pertinent manuscripts to share with AANEM colleagues. The NSEB consists of 12 physicians from varied backgrounds, practice settings, etc.

ANNUAL MEETING
The AANEM Annual Meeting is the premier educational event for those involved in neuromuscular (NM) and electrodiagnostic (EDX) medicine. Members enjoy a substantial registration discount. The meeting is a mix of cutting-edge sessions and hands-on workshops from leading experts in neurology, PMR, and other disciplines. Attend to build professional relationships and keep current in your practice.

MEMBERSHIP
As a member of AANEM, you are an important part of a prestigious community of healthcare professionals dedicated to strengthening the field of NM medicine and providing the highest quality patient care. AANEM provides you with the tools you need to stay current in your field such as access to relevant research and educational information and opportunities for networking and community-building across primary specialties.

ADVOCACY
AANEM's advocacy efforts aim to improve the quality of patient care. We monitor state and federal issues, work to ensure appropriate reimbursement, create position statements to educate lawmakers and insurance companies, and fight against fraud and abuse.

EDUCATION
Keep up-to-date in your practice and meet your education and maintenance of certification requirements with exclusive AANEM products developed by member physician experts.

PRACTICE
AANEM offers several resources to help you run your practice such as coding and billing information as well as details surrounding government healthcare programs and rules (MACRA, EHR, MIPS, PQRS, etc). AANEM also provides position statements on key topics and evidenced based guidelines to help you deliver quality patient care.

PROFESSIONAL STANDARDS
AANEM's Professional Standards department helps medical professionals attain and maintain certifications demonstrating knowledge in their field and commitment to patient care. This is achieved through preparation and successful completion of the American Board of Electrodiagnostic Medicine (ABEM) exam, maintaining certifications through continuing medical education, and the Maintenance of Certification Program (MOCP). Technologists may earn certification through successful completion of the Certified Nerve Conduction Technologist (CNCT) exam; there is also a process for CNCT certification maintenance. AANEM acknowledges laboratories for achieving and maintaining established levels of quality, performance, and professionalism through the Laboratory Accreditation program.

FOUNDATION
The AANEM Foundation provides funds to help develop the next generation of researchers to advance the science and practice of NM and EDX medicine with the ultimate goal of improving the lives of patients with NM diseases.

JOURNAL HIGHLIGHTS
*Muscle & Nerve* is a monthly, peer-reviewed, interdisciplinary publication of original scholarly contributions centered on studies of the muscle, the neuromuscular junction, and peripheral motor, sensory, and autonomic neurons.
Board certified by the American Board of Electrodiagnostic Medicine and the American Board of Psychiatry and Neurology with subspecialty boards in clinical neurophysiology and neuromuscular diseases.

What are your goals as AANEM President?
“My goals are to help advance the practice of electrodiagnostic medicine by developing unequalled educational opportunities for our membership, advocating on their behalf at the national level, and supporting high quality research opportunities for musculoskeletal and neuromuscular researchers.”

What is your plenary topic for 2018 AANEM Annual Meeting?
“I chose Precision Medicine as my plenary topic. Precision Medicine takes into account the differences between individual patients and moves away from a ‘one-size-fits-all’ approach to medicine. We need to look at patients as individuals and look for both treatments and prevention strategies that are more tailored to the patient. Our goal for the plenaries in 2018 is to help everyone apply this new method of looking at patients.”

What challenges face AANEM members?
“Never before have so many new and controversial therapies been approved for our patients. This is occurring at a time of heightened pressure from external forces on our practices. We are increasingly challenged to balance these demands … and I am excited about the opportunity to engage with AANEM membership on these crucial issues.”

Why did you join AANEM?
“Very early in my career, one of my mentors encouraged me to join the organization. He emphasized how it would make me a better electromyographer and offer me the opportunity to share my research while encouraging collaboration with others. The ability to engage with my peers from other medical centers and practices has expanded my perspectives on electrodiagnostic and neuromuscular issues. It has provided exceptional networking opportunities and enhanced my appreciation of AANEM’s efforts on behalf of our collective membership.”
Rise of the Biomarkers

Recent years have seen a sharp increase in the discovery of biomarkers, physical measurable parameters linked to all points of the disease continuum. By all signs, the discovery of these elements will continue into the future with increasing pace. The questions of clinical implementation arise as the distance between practice and scientific discovery shortens. Over the past several months, an ever increasing number of articles on this subject have been published. The AANEM News Science Editorial Board is striving to keep our readers abreast of these recent discoveries.


Submitted by David B. Rosenfield, MD
Edited by Francisco E. Gomez, MD

ALS is a progressive neurodegenerative disease of upper and lower motor neurons. This disease is classified as familial ALS (FALS) when there is a clear family history of ALS and sporadic ALS (SALS) when there is not. No clinical features reliably distinguish FALS from SALS. FALS represents 10% of ALS patients and follows an autosomal dominant inheritance pattern. The heritability of SALS, however, remained somewhat more nebulous. In this study, the authors sought to determine the SALS risk conferred by ALS associated genes.

Authors evaluated 87 SALS patients via whole genome repeat expansion focusing on variants in the 31 genes with known links to ALS, including the C9orf72 and ATXN2 genes.

The authors determined that 17% of their patients with SALS carried pathogenic genetic variants, of which were notable 5.7% had C9orf72 mutations, while SOD1 and ATXN2 both appeared in 2.3%.

Comment: Many patients with SALS will have a genetic component, and, more importantly, there may be asymptomatic carriers for the disease. This highlights that, in many instances, having the gene may be necessary but not sufficient for having ALS.


Submitted and edited by Francisco E. Gomez, MD

In this multi-center study, the authors identified two possible biomarkers in antineurofascin 186 and 140 antibodies. Through a multinational effort, investigators collected sera from 246 chronic inflammatory demyelinating polyneuropathy (CIDP) patients and from 160 patients with non-CIDP neurological inflammatory conditions as well as healthy donor controls. The authors then tested the sera for Ab against known paranodal proteins. The authors describe a small cohort – 5 patients (2%) – that tested positive for both antineurofascin 140 and 186. These antibodies were not present in Guillain-Barre syndrome, multiple sclerosis, Charcot-Marie-Tooth, and control groups. The anti 140/186 group shared clinical characteristics including severity at nadir and marked improvement after therapy. Notably, depletion of the antibodies correlated with improvement.

Comment: This article is interesting for several reasons. Although the antineurofascin 140/186 population was small, this study gives credence to the notion that CIDP is not a homogeneous disease. It breaks ground in that it describes a marker consistent and compatible among a group with similar presentation, and one which could potentially serve as proof of remission.
Charcot-Marie-Tooth (CMT) is the most common inheritable neuropathy following a slowly demyelinating course, which has variable progression and severity, even among dizygotic twins.

This paper sought to evaluate biomarkers for the evaluation of CMT1A severity and prognosis. Investigators conducted a multi-center trial, collecting 311 CMT patients from 9 centers in total, 58% female with a median age of 43 years. They conducted CMT neuropathy scores and neuropathology studies via skin biopsies. A distinct cutaneous gene expression profile emerged with mRNA clusters correlating both with each other and disease severity: CDA, CTSA, GRIA1, ENPP1, ANPEP, FN3KRP, GSTT2, PPAR6. In addition, they found a gene expression cluster correlating with disease progression after 2-3 years in a 45 patient follow-up cohort (GSTT2, CTSA, PPAR6, CDA, ENPP1, NRG1). Investigators concluded that not only are skin biopsy-derived biomarkers viable for prognostication and severity determination in CMT1A, but that said markers may be of use in future assays as objective measures.

Comment: This study not only opens a new door for CMT1A biomarkers as a step forward in prognostication of the disease, but, as the authors sagely note, may increase the sensitivity of future studies via an objective measurement of progression.

Paranodal demyelination has been discussed as a potential mechanism of nerve fiber damage in diabetes mellitus (DM). In this study, the research team analyzed small and large fiber pathology in skin biopsies of patients with DM with and without diabetic neuropathy (DNP) (patients were classified into these subcategories based on established clinical criteria).

Myelinated nerve fibers of skin biopsies of 35 patients with DNP, 17 patients with DM without neuropathy, and 30 normal controls were analyzed. Based on sural nerve NCS and the neurological examination, 30/35 patients with DNP were classified as having small and large fiber neuropathy and 5 were categorized as having small fiber neuropathy. Neither nodal/paranodal changes nor loss of myelinated nerve fibers were correlated with age (DNP patients were older).

Immunofluorescence of skin sections with antibodies against Caspr, neurofascin, Na channels, and myelin basic protein was performed to analyze nodal structure, segmental demyelination, and nerve fiber myelination. There was an increase in elongated Ranvier nodes and dispersion of neurofascin in DM patients with and without neuropathy and in fingers of patients with DNP supporting the idea that paranodal pathology may precede neuropathy in DNP. The authors also concluded that neurofascin may be a more sensitive marker of paranodal changes than Caspr.

Comment: This study had a small sample size. Further studies with larger sample sizes including patients with more severe diseases might be helpful as sometimes pathology may precede overt clinical manifestations of DNP. However, DNP does seem strongly correlated with demonstrable nodal changes.
**Next Stop … Washington, DC!**

**AANEM Annual Meeting | October 10-13, 2018**

*AANEM Edge* recently interviewed the co-chairs of the AANEM Annual Meeting Committee, Robert W. Irwin, MD, and A. Gordon Smith, MD, to gather their thoughts about the upcoming 2018 meeting in Washington, DC.

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**Why are you excited about the 2018 AANEM Annual Meeting?**

**Irwin:** This is my favorite meeting. The plenary sessions for 2018 are top notch!

**Smith:** This is the most exciting time ever for our field, and this year’s meeting will reflect that energy. I’m eager to learn about new treatments for neuromuscular disorders and how to best apply them in my practice.

**What sessions are you most enthusiastic about?**

**Irwin:** The topic of brain-computer interface is fascinating and growing, so I am especially interested in this session at the 2018 annual meeting.

**Smith:** I’m looking forward to learning about the latest on personalized neuromuscular medicine in the plenary sessions. I’m also excited about the courses focusing on application of next generation genetic sequencing in a clinical setting.

**What do you think people will like about 2018 AANEM Annual Meeting location, Washington, DC?**

**Irwin:** Having the meeting in DC will allow for interesting outside activities.

**Smith:** Washington, DC is a fantastic location, and we will have the opportunity to interact with and learn from our colleagues from the FDA, NIH, and the many nearby centers.

**Why should AANEM members and non-members attend the 2018 AANEM Annual Meeting?**

**Irwin:** This is the best neuromuscular-oriented meeting. It is not too big, so it enables you to actually talk to the speakers and gather learnings that you need for your practice or future research. It is hard to imagine a better meeting each year, but we always do it!

**Smith:** There have been historic advances in neuromuscular medicine this last year, and the meeting offers the opportunity to learn about these advances and personally interact with the researchers and clinicians who made them possible.
Exciting Sessions at the 2018 AANEM Annual Meeting

Mohamed Kazamel, MD
Chair, Special Interest Group on History of Electrodiagnosis and Neuromuscular Diseases

Can you tell us about your SIG on the “History of Electrodiagnosis and Neuromuscular Diseases?”
In this special interest group session, we will shed light on the historical discoveries and development landmarks of some currently available electrophysiologic techniques. We will also relate some of the currently well described neuromuscular disease conditions to their original descriptions. This should help further explore the historical evolution of our understanding of the etiology and pathology of certain neuromuscular disorders.

What particular audience is best suited for your SIG and why?
I hope this session is attractive not only to the senior attendees who might have seen some of the discoveries coming to light but also to other generations who may attend this meeting. There seems to be a growing interest in historical topics among junior AANEM meeting attendees. The idea of this SIG occurred to me when I was attending one of the poster sessions during the 2017 AANEM Annual Meeting in Phoenix, Arizona. I saw at least four posters discussing historical topics which were authored by junior and mid-career faculty members of the AANEM.

Why should attendees of the AANEM Annual Meeting attend your SIG?
Our field is one of the oldest neurologic subspecialties when it comes to research, training, and practice. There is rich material for discussions about the history of the neuromuscular disorders and electrodiagnostic technologies. I think talking about history and telling stories from the past is entertaining in general. Discussing how currently well-known facts we routinely rely on in educating and treating our patients came to light can help us get to a deeper understanding of the pathophysiology of the diseases we treat.

Christopher J. Klein, MD
Chair, Course on Diagnosis and Treatment Breakthrough in Genetic Testing

Can you tell us about your course “Diagnosis and Treatment Breakthrough in Genetic Testing?”
The course will highlight the exciting new diagnostic testing for comprehensive genetic evaluations in neuromuscular disorders and walk clinicians systematically through the complex issues of genetic testing and how to interpret and consider emerging therapies and preimplantation genetics.

What makes this course different or unique?
Real examples and laboratory genetics director expert input will be provided on the powerful tool of next generation sequencing and antisense oligonucleotide therapies.

What particular audience is best suited for your course and why?
Both novice and experts in neuromuscular medicine should find the course helpful in practical issues in their practice; it will both refine and jumpstart understanding of this very important area.
Can you tell us about your SIG on “Women in Neuromuscular Medicine?”
Women are relatively under-represented in this subspecialty compared to others in neurology and PMR. We would like to have a venue to provide some professional networking opportunities and educational sessions to facilitate the careers of women in this exciting field of medicine.

What makes this SIG different, unique and/or interesting?
This SIG topic has never been offered before and given all that is happening in our broader society at the moment, it seems like a timely topic. Women physicians face some unique challenges and in order to stay professionally productive and fulfilled, many of us could use a little advice and support both from each other and from our male colleagues. A diverse physician workforce is important to providing the best possible care to our diverse community of patients. We hope this SIG will be a way to address the needs and interests of an important subset of our community of neuromuscular practitioners.

What particular audience is best suited for your SIG and why?
Everyone who cares about workplace diversity and anyone who is looking for ways to interact more productively with colleagues and patients and find ways to stay mentally healthy in our increasingly challenging work environment. We expect that some topics will be relevant to both men and women physicians.

Free Member CME!

45 MOC Self-Assessment Credits
Up to 20 PIP Credits
Over 150 additional free CME

Find more free CME opportunities at aanem.org/freecme
Receive Exposure for Your Scientific Research

If you’re looking for a venue to share your latest scientific research in neuromuscular or electrodiagnostic medicine, look no further! The 2018 AANEM Annual Meeting is an excellent forum for you to promote your findings and receive exposure for your research. AANEM is accepting abstract submissions through March 15, 2018.

Your abstract can even win an award from the AANEM Foundation! For more information visit, www.aanemfoundation.org/Awards.

Full abstract submission guidelines are available on the AANEM website at www.aanem.org/Meetings/Annual-Meeting/Abstracts.

Presenting an abstract at the AANEM annual meeting is a great opportunity for residents, fellows, and physicians to showcase their work and gain national exposure in their specific area of interest. It can also lead to beneficial networking and collaboration opportunities and can help with promotion in academic medicine and career advancement.

~Eric J. Sorenson, MD, AANEM President

For 2018, Dr. Sorenson has chosen “Precision Medicine in Neuromuscular and Musculoskeletal Medicine” as the topic for the President’s Research Initiative Award. This award will be given to the 10 best abstracts submitted in this area.

Abstract Awards

You may choose whether you would like to have your abstract considered for one of the following AANEM Foundation awards. Further details can be found at www.aanemfoundation.org/Awards.

Best Abstract Award: Given to the best research paper submitted to the AANEM Annual Meeting. All abstracts submitted will be considered for this award unless the authors indicate they do not wish to be considered.

Golseth Young Investigator Award: Given to the best research paper submitted to the AANEM Annual Meeting by a young physician. The first author on the research project must be one of the following: a medical student in an MD, DO, DVM, or foreign equivalent program; a resident; a fellow-in-training; or, a physician within 3 years following completion of residency or fellowship training.

Continued on next page
**Residency and Fellowship Member Recognition Award**: Given to AANEM Residency and Fellowship members who are first authors on abstracts presented at the AANEM Annual Meeting.

**President’s Research Initiative Award**: Given to the 10 best abstracts submitted on the topic chosen by the AANEM President each year. The 2018 President’s Research topic is “Precision Medicine in Neuromuscular and Musculoskeletal Medicine.”

**Technologist Member Recognition Award**: Given to technologist members who have conducted and shared research to advance the science of neuromuscular and musculoskeletal diseases.

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<th>Award</th>
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<td><strong>Best Abstract Award</strong></td>
<td>Round trip coach airfare up to $500 (US/Canada) or $1,000 (international)</td>
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<td>Hotel accommodations (up to four nights)</td>
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<td>20-minute time slot to present research at the AANEM Annual Meeting</td>
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<td><strong>Golseth Young Investigator Award</strong></td>
<td>Round trip coach airfare up to $500 (US/Canada) or $1,000 (international)</td>
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<td><strong>Residency and Fellowship Member Recognition Award</strong></td>
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Abstracts must be submitted by March 15, 2018. If you have any questions, please call AANEM at 507.288.0100.

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I had the opportunity to submit an abstract for the AANEM Annual meeting in 2017 for the first time. I learned a lot by presenting my poster and being able to compare mine to other posters that were presented. As one of the Residency and Fellowship Member Award winners, I had the privilege of having my poster evaluated and scored for future improvement. I will definitely submit an abstract again and I highly encourage all residents and fellows to submit abstracts and attend this meeting.

~Sara Dehbashi, MD, and 2017 Resident and Fellow Member Recognition Award Recipient
MEMBERSHIP

Member Spotlight

Let’s get to know some of our members! For this edition of *AANEM Edge*, we visited with a new member to find out why he joined AANEM and a longstanding member to gather his insights on making the most of your AANEM membership.

**Ronald Devere, MD**
AANEM Member Since 1973

Why did you join AANEM?
I believe it’s important to join the main organization that deals with one’s work. I have enjoyed and performed EMG for many years and rely on AANEM to provide advice, guidelines, etc. in the field of EMG and neuromuscular disorders. I have not been disappointed.

What AANEM resources/products, etc. have you used over the years and how have they benefited you?
I read *Muscle & Nerve* regularly. I read the frequent summary papers sent out on very important topics. I have also enjoyed numerous AANEM courses and meetings for education. I have also appreciated the opportunity to meet many members of the organization at the AANEM Annual Meetings.

What advice would you give to new AANEM members?
Attend as many meetings as you can. There is always something new to learn. At every AANEM Annual Meeting, be sure to bring a series of questions that you’d like answered by the experts in attendance.

Anything else to share?
AANEM is a great organization and I’m happy that I’ve been a member during my entire career as a neurologist.

**Ahmad Abuzinadah, MD, MSc, CCTR, FRCP(C)**
AANEM Member Since 2017

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Who Are Our Members?

AANEM's network of over 4,000 physician and nonphysician members collaborate to strengthen the fields of neuromuscular (NM) and electrodiagnostic (EDX) medicine. We are a multi-specialty membership, which provides unique educational opportunities you won’t find at primary medical associations. Our ultimate goal is to equip providers with the tools needed to deliver the highest quality care for patients with NM disorders.

To access the directory of AANEM members, visit www.aanem.org/Membership/Member-Portal/Membership-Directory.

8 Keys for Success in Neuromuscular and Electrodiagnostic Medicine

The American Association of Neuromuscular & Electrodiagnostic Medicine Cares About Your Success!

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<td>with the premier association in neuromuscular and electrodiagnostic medicine - AANEM.</td>
<td>through hundreds of educational products and presentations prepared by leaders in your field.</td>
<td>and network in a comfortable environment with PMR &amp; neurology colleagues at all career stages.</td>
<td>recognition for your research and writing endeavors.</td>
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<td>advocacy and research on behalf of medical professionals and the patients you serve.</td>
<td>your credibility through respected certification and accreditation programs.</td>
<td>by participating in a variety of committees and volunteer opportunities.</td>
<td>on continuing education, maintenance of certification, Muscle &amp; Nerve, annual meeting, exceptional products, and many other benefits.</td>
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The value of discounted and free items greatly exceeds your annual dues!

To join, renew, or explore the resources available through AANEM, visit aanem.org.
ADVOCACY

AANEM Expands Advocacy Efforts in 2017

The AANEM policy department spent much of 2017 advocating for quality care and fair reimbursement and is seeing the results of these efforts pay off. Highlighted below are key advocacy milestones achieved over the past year.

New Position Statement
The Professional Practice Committee authored a new statement on the utility of electrodiagnostic studies for Distal Symmetric Polyneuropathy which will be published in the February 2018 edition of Muscle & Nerve.

Met With CMS
Health Policy Director, Millie Suk, JD, MPP, Executive Director, Shirlyn Adkins, JD, and AANEM Advocacy Advisors, Peter Grant, MD and Vince Tranchitella, MD, along with AANEM’s DC lobbyists, met with leaders at the Centers for Medicare and Medicaid Services (CMS) in June 2017 to discuss problems and potential solutions related to quality EDX care.

Attended the NPCHCP Meeting
Dr. Grant and Ms. Suk attended the spring meeting of the National Physicians’ Council for Healthcare Policy (NPCHCP) in Washington, DC in March 2017. Dr. Grant serves as a Vice Chair of the NPCHCP. The focus of the meeting was wide-ranging, looking at ways to reform MACRA to preserve private and rural practice in the current legislative efforts to restructure America’s health care system.

US House Support of AANEM
The US House of Representatives included report language in its 2018 Labor-Health and Human Services-Education (L-HHS) Appropriations Bill indicating to CMS that Congress is taking AANEM’s concerns about fraud, abuse, and quality EDX medicine very seriously. Additionally, language in the bill indicated that the US House and the AANEM do not feel CMS has adequately addressed the situation.

Comment Letter on MACRA/QPP Rule
AANEM submitted a detailed comment letter on CMS proposed rule for year 2 of the Quality Payment Program (QPP). CMS accepted many of AANEM’s suggestions and made several changes to help ease the administrative burden on physicians, especially for those in small or solo practices.

“AANEM’s presence on Capitol Hill continues to grow and we’ve developed solid relationships with several congressional offices. It’s been exciting to see our efforts cultivate and spur some action in DC. I’m confident this upward trend in action will continue in 2018.

~ Millie Suk, JD, MPP, AANEM Health Policy Director

Thank you for your support of AANEM’s advocacy efforts. Please consider a donation to the AANEM advocacy fund today. Visit www.aanem.org/Advocacy/Advocacy-Fund.
AANEM Retains Seat at AMA House of Delegates

The American Medical Association (AMA) House of Delegates (HOD) met in Honolulu, Hawaii on November 10-14, 2017. AANEM co-sponsored a resolution with the American Academy of Physical Medicine and Rehabilitation (AAPMR) asking the AMA to oppose legislation amending the Americans with Disabilities Act of 1990, as this legislation would increase barriers for disabled persons attempting to file suit to challenge a violation of their civil rights. After debate, the resolution was amended to include a directive to the AMA to also provide education to physicians about how they can make their offices more accessible to disabled patients. The resolution passed without objection.

In order to retain a seat at the AMA’s HOD, Relative Value Scale Update Committee (RUC), and Current Procedural Terminology (CPT) meetings, every 5 years, the AMA verifies that at least 20% of AANEM members are active AMA members. In 2017, the AANEM was found to be in compliance, with 24% of its members having an active AMA membership.

“This was great news. Many societies are seeing declines in the number of members who are also AMA members and, as a result, some have recently lost their seat or been put on probation,” said AANEM Health Policy Director and staff liaison to the HOD, Millie Suk, JD, MPP. “If a society loses its seat at the HOD, it also loses representation at the AMA’s RUC and CPT meetings, where coding and reimbursement rates are determined.”

AANEM is represented at the HOD by William S. Pease, MD, delegate, and Enrica Arnaudo, MD, PhD, alternate delegate. The AANEM delegation returns to the HOD for its annual meeting in June 2018 in Chicago, Illinois.

“...The AMA does good work and all AMA members at the meeting get to participate. Every voice is heard, young and old, with attention to inclusion of every idea and diverse point of view. There are moments of tension, as we all experience in life, but in the end, you sense that the work is being done diligently and honestly. I feel honored to be part of this process as it is designed to preserve integrity and safeguard fairness. Ultimately, people of different backgrounds and socio-political views can speak with one voice and deliver the message of our AMA. That’s pretty amazing.”

~ Enrica Arnaudo, MD, PhD, alternate delegate

www.aanem.org/Education/SAEs

2018 NM & EDX
Self-Assessment Examinations
May 7-14, 2018
Register Today!
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Expand Your Knowledge With AANEM Educational Materials

AANEM members have access to hundreds of educational resources focused on the prevention, diagnosis, treatment, research and ethical issues related to neuromuscular, electrodiagnostic, and musculoskeletal medicine. Highlighted in this edition of the AANEM Edge are 4 of our educational products.

**1** *NEW* - 2017 Annual Meeting Presentation Series

If you didn’t purchase the Annual Meeting Collection, we have made it easy to pick your area of interest. The Annual Meeting Collection is now available in a series by topic. Choose from 1 of 4 topic areas: EDX edition, NM edition, MSK edition, or the Plenary edition.

- **Electrodiagnostic Edition** 5 sessions, 15 CME
- **Neuromuscular Edition** 7 sessions, 15 CME
- **Musculoskeletal Edition** 7 sessions, 13.5 CME
- **Plenary Edition** 6 sessions, 6 CME

For more information, visit [www.aanem.org/Education/All-Education-Products](http://www.aanem.org/Education/All-Education-Products).

**2** Check Out Popular AANEM Podcasts!

Podcasts are added to the AANEM website regularly. Have a listen to some of our popular podcasts over the past year:

- POEMS vs. CIDP
- Evaluation of Patients With Refractory Chronic Inflammatory Demyelinating Polyneuropathy
- International Consensus Guidance for Management of Myasthenia Gravis: Executive Summary
- Optimizing Muscle Selection for Electromyography in Amyotrophic Lateral Sclerosis

For more information about AANEM podcasts, visit [www.aanem.org](http://www.aanem.org). Hover over Education in the navigation bar, then select Physician Podcasts.
**AANEM Rolls Out New Monographs**

**The Thoracic Outlet Syndromes**  
By Mark A. Ferrante, MD, and Nicole D. Ferrante, MD  
CME available

The monograph committee is very excited about this monograph on thoracic outlet syndromes. This comprehensive and updated review will be an excellent resource for those in training as well as for the experienced clinician.

~Laura Corrigan, MD, Chair,  
AANEM Monograph Committee

**GAD65 Neurological Autoimmunity**  
By Andrew McKeon, MD, and Jennifer A. Tracy, MD  
CME available

GAD65 antibody is a useful biomarker but requires interpretation. Low positive values are frequently misinterpreted in clinical practice. This piece will inform the reader about the broad context of GAD65 autoimmunity, relevant neurological disorders, how to interpret antibody test results, and how to manage affected patients.

~Andrew McKeon, MD,  
Monograph Author

For more information about these new AANEM Monographs, visit the AANEM website at [www.aanem.org/Education](http://www.aanem.org/Education). Select All Education Products. Then, Filter by Type and select Monograph.

**NM & EDX Self-Assessment Examinations – 2018 Registration Open**

In 2017, more than 180 institutions used the AANEM neuromuscular and/or electrodiagnostic self-assessment exams (SAE) to test their physicians-in-training and compare their knowledge with others around the country. To prepare for the 2018 SAEs, institutions can begin registering candidates and reserving space in computer labs for candidates to complete the exams. The 2018 SAEs will be proctored May 7-14, 2018, in online and print form.

We administer both the neuromuscular and electrodiagnostic SAE exams to our neuromuscular fellows year after year, because it is an excellent way to guide further areas for learning development on an individual basis due to the in-depth assessment these tests provide.

Karissa Gable, MD  
Assistant Professor, Neuromuscular Fellowship Program Director, Neurology Clerkship Associate Director, Duke University Hospital

To learn more and to register your candidates, visit [www.aanem.org/education/SAEs](http://www.aanem.org/education/SAEs).

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### Key Self-Assessment Exam Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>February 19, 2018</td>
<td>Early bird registration deadline</td>
</tr>
<tr>
<td>April 6, 2018</td>
<td>Registration deadline for proctored examination</td>
</tr>
<tr>
<td>May 7-14, 2018</td>
<td>Proctored exam dates</td>
</tr>
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</table>
MIPS: Easiest Ways to Avoid Medicare Payment Penalty in 2018

The second year of Medicare’s Quality Payment Program (QPP) kicked off in 2018. All physicians who bill Medicare Part B and do not qualify for an exemption from the QPP are required to participate in the program or face a payment penalty of 5% of their Medicare Part B payments. If you are unsure on whether you are required to participate, you may look up your National Provider Identifier (NPI) on the Centers for Medicare and Medicaid Services’ (CMS) QPP website at https://qpp.cms.gov/.

In 2017, the first year of the QPP, MIPS eligible clinicians had to do very little to avoid a payment penalty – report 1 quality measure on 1 patient, perform 1 Improvement Activity (IA) or report the base measures for the Advancing Care Information (ACI) category. Regardless of how well a clinician performed on any of these areas, clinicians automatically received a minimum of 3 points (the threshold for avoiding a penalty in 2017) for simply reporting something. However, in 2018, clinicians must do a bit more. This year, MIPS eligible clinicians must achieve a minimum total MIPS score of 15 points to avoid a payment penalty. There are several ways to achieve this minimum score and the 4 easiest options are summarized below:

• EASIEST: Report all required IAs.
• Submit 6 Quality measures that meet the data completeness criteria.
• If you have 2014 or 2015 certified electronic health record technology (CEHRT), meet the ACI base score requirements and complete 1 medium-weighted IA.
• If you have 2014 or 2015 CEHRT, meet the ACI base score requirements and submit 1 Quality measure that meets the data completeness criteria.

If you are simply looking to do the bare minimum to avoid a payment penalty (and not looking to try for a positive payment adjustment), the simplest category to complete is the IA category. You may choose from more than 90 activities and you only need to perform each one for 90 consecutive days (with a few exceptions). In fact, there’s a good chance your practice is already doing at least one of the activities. There are also special considerations for the number of required activities for several categories of clinician practices:

• **Most participants**: 2 high-weighted or 4 medium-weighted activities or 1 high-weighted and 2 medium-weighted activities.
• **Small (15 or fewer participants) or rural practices**: 1 high-weighted or 2 medium-weighted activities.
• **Participants in certified patient-centered medical homes, comparable specialty practices, or an Alternative Payment Model (APM) designated as a Medical Home Model** will automatically earn full credit (15 points).
• **Participants in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or Oncology Care Model** will be automatically scored based on the requirements of participating in the APM (at a minimum, 50% of the IA score will be automatically applied).

AANEM policy staff went through all IAs and created a chart of the IAs most likely to apply to EDX or NM physicians. The chart can be found on AANEM’s MACRA webpage at www.aanem.org/Practice/Medicare/MACRA.

After completing the required number of IAs, clinicians simply need to submit an attestation to CMS. This can be done through CMS’ website or, if you participate in one, through a qualified registry or a qualified clinical data registry (QCDR). Otherwise, you may report directly through the CMS website at https://qpp.cms.gov/.

Questions? Please contact the AANEM Policy department at policy@aanem.org.
Get Acquainted With the 2018 Medicare Physician Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) released its Final Rule of the 2018 Physician Fee Schedule on November 2, 2017. The addendum is a lengthy 1200+ page document; so, for your convenience, below is a brief summary of key items that could affect you and your practice.

**Work Relative Value Units (RVUs)** for all electrodiagnostic and neuromuscular codes monitored by AANEM remain unchanged.

**Practice Expense RVUs and Malpractice RVUs.** Minor adjustments were made to the practice expense and malpractice RVUs of the nerve conduction study and needle EMG codes that resulted in a positive reimbursement change.

**Conversion Factor.** CMS finalized the conversion factor for Calendar Year (CY) 2018 at $35.9996. This is an increase of $0.1109 from 2017.

**Evaluation and Management (E/M) Guidelines.** CMS is proposing a multi-year effort to revise the E/M Guidelines in an effort to reduce administrative burden to physicians. CMS suggests that greater importance be placed on medical decision making and time spent performing the service while eliminating the focus on the guidelines related to history and physical examination. While no specifics were finalized in this rule, CMS solicited comments and feedback from stakeholders regarding potential future revision.

Continued on next page
Patient Relationship Categories. The Medicare Access and CHIP Reauthorization Act (MACRA) directed CMS to create new patient relationship codes in an effort to determine which physician would be held accountable for a patient’s cost of care. CMS finalized 5 patient relationship categories that are identified with the use of modifiers. CMS also finalized a policy that indicates that these HCPCS modifiers may be reported voluntarily by clinicians associated with these patient relationship categories beginning January 1, 2018.

PQRS and MU Quality Reporting. In order to align the Physician Quality Reporting System (PQRS) CY2016 and Meaningful Use (MU) quality reporting requirements with the new quality reporting requirements under MIPS (which began Jan. 1 of this year), CMS is finalizing revisions to CY2016 PQRS and MU quality reporting requirements to only require physicians to report 6 measures with no domain or cross-cutting measure requirements.

Value-based Modifier (VM). CMS is finalizing its proposal to hold all groups and solo practitioners who met 2016 PQRS reporting requirements harmless from any negative VM payment adjustments in 2018. CMS is also proposing to decrease penalties for those who did not meet PQRS requirements to -2% for groups with 10 or more eligible professionals, and -1% for smaller groups and solo practitioners.

For a detailed summary of changes to RVUs for codes specific to electrodiagnostic and neuromuscular medicine, members may visit the Practice section of the AANEM website and log in to view Members-Only Coding Resources. If you have any questions, please contact the AANEM Policy department at policy@aanem.org.

2018 CPT Code Changes

This past fall, the American Medical Association (AMA) released the 2018 current procedural terminology (CPT) code changes that went into effect January 1, 2018. There were some minor changes and additions relevant to electrodiagnostic and neuromuscular medicine. AANEM’s Online Coding Guide (available for purchase in the Marketplace only at www.aanem.org) has been updated to reflect these changes. The 2018 guide also includes new coding tips and updated frequently asked questions.

Two changes that may affect AANEM members include:

1. Diagnostic Ultrasound of Extremities: In response to a Relative Value Scale Update Committee (RUC) analysis, it was determined that codes 76881 and 76882 and the diagnostic ultrasound extremities introductory guidelines should be revised and updated to clarify the distinction between complete and limited studies. Key terms have been added to the guidelines to distinguish between complete and limited studies. Although codes 76881 and 76882 have been editorially revised, there is no change in the intended use of these codes.

2. Evoked Potentials and Reflex Tests: CPT Category III code 0464T was established for reporting visual evoked potential (VEP) testing for glaucoma. To reflect this change, code 95930 has been revised to exclude testing for glaucoma in order to prevent duplicate mechanisms of reporting. Code 95930 was also revised to include interpretation and report.

Questions? Please contact Carrie Winter in the AANEM Policy department at policy@aanem.org.

Carrie Winter, AANEM Health Policy Manager
ABEM Certification Opportunities for 2018-2019

Certified Nerve Conduction Technologist (CNCT) Exam
Registration opens March 1, 2018
Exam: June 6 or June 9, 2018

This credential shows the professional community and the public that the CNCT technologist has achieved competency in the performance of nerve conduction studies.

Maintenance of Certification Program (MOCP) Exam
Registration opens Aug. 1, 2018
Exam: Nov. 28 or Dec. 1, 2018

The ABEM certificate is valid for 10 years. To maintain ABEM certification, prior to the certificate’s expiration, ABEM Diplomates must successfully pass the MOCP exam which tests fundamentals in EDX medicine as well as current and clinically valid practice-related knowledge.

ABEM Initial Certification Exam
Registration opens Oct. 1, 2018
Exam: March 13-16, 2019

ABEM certification signifies that a physician has passed the most comprehensive examination in EDX medicine. This certification is recognized nationally and internationally and demonstrates a physician’s dedication to providing a high level of quality in EDX medicine.

Visit www.abemexam.org for more information.
When you have worked in this field for at least 2 years, become certified. The certification by ABEM is renowned and will add a measure of respectability to the work you perform.

~Renee Groce, RNCST, CNCT

Given the number of electromyographers in the community who are not board certified, ABEM certification sets us apart as experts in electrodiagnostic medicine who have proven the ability to provide the highest level of care to our patients.

~Marc D. Pecha, MD
Is Your Lab Accredited Yet?

These prestigious labs have achieved and maintained the highest level of quality, performance, and integrity based on professional standards. Ensure your lab is recognized as the standard for EDX medicine. For more information about EDX laboratory accreditation, visit www.aanem.org/Practice/EDX-Laboratory-Accreditation.

Congratulations to All Labs Accredited or Reaccredited in 2017!

AANEM would like to recognize the following labs for earning their accreditation or reaccreditation in 2017. All labs listed below completed accreditation or reaccreditation prior to December 1, 2017.

**Accredited**
- VA Puget Sound Seattle, WA
- University of Missouri Clinical Neurophysiology Columbia, MO

**Reaccredited**
- Center for Neurosciences Tucson, AZ
- EMG Labs of AAARA (Arizona Arthritis & Rheumatology Associates) Phoenix, AZ
- EMG Test Center Rehabilitation Medicine Physicians, PC Lansing, MI
- Mayo Clinic Health Systems-Eau Claire Hospital, Inc Eau Claire, WI
- West Michigan Rehab & Pain Center Grand Rapids, MI

**Reaccredited with Exemplary Status**
- Adirondack Rehabilitation Medicine, PLLC Queensbury, NY
- Advanced Neurosciences Clinic PA Midland, TX
- Alabama Ortho Spine and Sports Birmingham, AL
- Alaska Neurodiagnostic and Rehabilitation Medicine Anchorage, AK
- Avera Medical Group Neurology Sioux Falls, SD
- Bingham Nerve and Muscle Jackson, TN
- Cleveland Clinic Cleveland, OH
- Colorado Springs Neurological Associates Colorado Springs, CO
- Consultants in Neurology Racine, WI
- Donald Hospedal MD Hamlin, MO
- Duke University EMG Laboratory Durham, NC
- ECU/Vidant Electrodagnostic Laboratory Greenville, NC
- Electrodagnostic Medicine & Rehabilitation Specialists, LLC Cincinnati, OH
- EMG Laboratory, Jesse Brown VA Medical Center Chicago, IL
- Harris Health Electrodagnostic Lab Houston, TX
- Health Partners Neuroscience Center EMG Lab St. Paul, MN
- Hennepin County Medical Center Minneapolis, MN
- Intermountain Utah Valley Pain Management Orem, UT
- Kansas City Bone & Joint Clinic, PA Overland Park, KS
- KentuckyOne Health Neurology Associates Lexington, KY
- Lawrenceville Neurology Center, P. A. Lawrenceville, NJ
- LDSH Neurology EMG Laboratory Salt Lake City, UT
- Medical College of Wisconsin Milwaukee, WI
- Medical University of South Carolina Charleston, SC
- MemorialCare Medical Group Mission Viejo, CA
- Mercy Health Youngstown Warren, OH
- NervePro Medical Corp Irvine, CA
- Neurodiagnostic Center Louisville, KY
- Neurodiagnostic Laboratories Phoenix, AZ
- Neurodiagnostic Laboratory at the Medical Faculty Associates Washington, DC
- Neurodiagnostics and Sleep Center at Baystate Medical Center Springfield, MA
- Neurological Care Clinic, PC Blackshear, GA
- Neuromuscular Medicine of Delaware Newark, DE
- NIH EMG Laboratory Bethesda, MD
- Nor Lex Neurodiagnostics Lovington, NM
- Northwest Arkansas EMG Clinic Fayetteville, AR
- Northwest Neurology Austell, GA
- Novant Health Winston Neurology Winston-Salem, NC
- NYU-HJD Hospital Center New York, NY
- Oklahoma Spine Sports & Rehab Oklahoma City, OK
- Orthopedic Associates of Meadville, PC Meadville, PA
- OrthoVirginia Lynchburg, VA
- Penn State Hershey Medical Center Clinical Neurophysiology Lab Hershey, PA
- Sandhills Neurodiagnostic Center Pinehurst, NC
- Sinai Hospital of Baltimore Baltimore, MD
- SMH Health Dean Medical Group EMG/NCS Laboratory Madison, WI
- The NeuroMedical Center Baton Rouge, LA
- The Rehabilitation Group San Antonio, TX
- TUFTS Medical Center Department of Neurology EMG Laboratory Boston, MA
- University of Colorado Electromyography Laboratory Aurora, CO
- University of Rochester Medical Center Rochester, NY
- Vought Neurological Services Beasley, WV
- West Penn Hospital Neurodiagnostic Laboratory Pittsburgh, PA
Funding Bolsters Next Generation of Researchers to Positively Benefit Patients

_AANEM Edge_ interviewed K. Ming Chan, MD, FRCP(C) for an update on AANEM Foundation research funding and awards. Dr. Chan provides a summary of 2017’s developments and insights into 2018 plans.

**The AANEM Foundation provided a number of research awards in 2017. What were the key initiatives?**

The Foundation has provided generous funding for a variety of initiatives aimed at fostering trainees and junior faculties as well as recognizing experienced scientists. These include the AANEM development grant for translational research and co-funding of MDA development grants for basic science research. To enable clinical fellows to gain research experience, the Foundation also secured industry funding for those engaged in neurotoxin or autoimmune disease research. To entice clinical researchers to present quality research at the AANEM Annual Meeting, the Foundation provided funding for the Golseth Young Investigator Award and the Best Abstract Award as well as the President’s Research Initiative for elected abstracts. Together, these represent a comprehensive program aimed at elevating the caliber of research in neuromuscular disease and electrodiagnostic medicine.

**Why should people submit abstracts for the 2018 AANEM Annual Meeting?**

Research presentations on vigorous high caliber work are an important part of the AANEM meeting that will benefit everyone. As an incentive and added bonus, a number of awards are given to outstanding abstracts and papers submitted to the meeting every year. More than just monetary rewards, these are also great opportunities to increase the visibility of your research work.

**What is in store for 2018 in terms of research funding from the AANEM Foundation?**

Moving forward, in addition to building on the momentum to continue funding high quality research, the Foundation is also making a concerted effort to attract more funding from industry and donors. There is a possibility that another fellowship may be added to the lineup in 2018.

**Why should someone apply for an AANEM development grant or fellowship award?**

These are great opportunities for young investigators and junior faculties who are planning to gain research experience and to learn hands-on skills. High quality research training is critical in early career development. These grants provide some operational support as well as protected time for research. With increasing clinical demands under the current healthcare economic climate, these are invaluable opportunities that trainees should take advantage of.

**How does the AANEM Foundation’s research funding ultimately help patients?**

The contributions from the AANEM Foundation are great investments in training the next generation of clinical researchers and scientists. Many of the funded projects are translational in nature and have clear implications for patients. With rapid technical advances and scientific progress, the potential benefits to patients with neuromuscular disease are great. The supported research forms a vital link to elevate the standard of practice in the future.

---

K. Ming Chan, MD, FRCP(C)
Chair, AANEM Research Committee
Every day, Beck, Bernadette, and James face the significant challenges of neuromuscular disease. These inspiring individuals and their families have opened up to AANEM Edge to share their stories with the hope of funding research for new scientific breakthroughs.

**BECK CAMMARATA**  
DUCHENNE MUSCULAR DYSTROPHY (DMD)

- Beck was 7-years-old when he was diagnosed.
- On a daily basis, Beck completes a stretching regimen, works to conserve his energy and wears shin splints.
- Engages in regular physical, occupational, and speech therapy.
- “So many kids get to go play basketball, and play other sports, but sports ended for Beck when he was diagnosed with DMD. Beck’s life now is all about appointments and conserving energy,” said his mom, Brandi.
- Participating in a clinical trial of a potential cure.
- “We really need people to donate to research to continue funding these trials. We need a cure,” said Brandi. “I want nothing more than to see my son beat DMD. I know so many other families feel the same way. We’re fighting to make that happen.”

**BERNADETTE SCARDUZIO**  
CHARCOT-MARIE-TOOTH (CMT)

- Bernadette has a family history of CMT.
- She has had 28 operations on her legs, feet, hands, and hips.
- Bernadette has become an advocate to enhance awareness and understanding of CMT.
- “This is why I’m sharing my life story. I’ve definitely made some waves. But, I want CMT to become a household name like MS, Alzheimer’s, and Parkinson’s.”
- Main goal is to find a cure. She has seen too many of her family members suffer physically and emotionally from the disease.
- “Creating awareness of CMT and finding a cure is my mission in life.”
• James was diagnosed at 5, on his first day of kindergarten.
• “I didn’t even know what DMD was. All I know is the pediatrician told me that James would need a wheelchair by the time he was 12 and that his life expectancy was 20 to 30 years,” said James’ mom.
• Endures physical therapy, occupational therapy, and speech therapy and takes his Deflazacort steroid medication daily.
• Hopes to begin a clinical trial of an experimental drug in 2018.
• “DMD is something people have been fighting for years and years. So many people have been lost from it. But now this generation has a chance to live. They all need a chance to survive this brutal disease,” noted James’ mom.

Read the full stories on Beck, Bernadette, and James at www.aanemfoundation.org/Home under AANEM Foundation News Express.

Make A Donation

Help support the researchers who are finding the treatments and cures for tomorrow. Donate to the AANEM Foundation today.

www.aanemfoundation.org/Donate
JOURNAL HIGHLIGHTS

Don’t Miss These Popular Muscle & Nerve Articles!

1. Association between wrist ratio and carpal tunnel syndrome: Effect modification by body mass index
2. Detection of fasciculations in amyotrophic lateral sclerosis: The optimal ultrasound scan time
3. Inpatient cost analysis for treatment of myasthenia gravis
4. Phase IIa trial of fingolimod for amyotrophic lateral sclerosis demonstrates acceptable acute safety and tolerability
5. Ultrasonography in neuralgic amyotrophy: Sensitivity, spectrum of findings, and clinical correlations
6. Using Eulerian video magnification to enhance detection of fasciculations in people with amyotrophic lateral sclerosis

1. Acute nutritional axonal neuropathy
2. The conventional tuning fork as a quantitative tool for vibration threshold
3. Improving symptom management for people with amyotrophic lateral sclerosis
4. Long-term neuromuscular outcomes of the west nile virus infection: A clinical and electromyographic evaluation of patients with a history of infection
5. Ultrasound-guided hydrodissection decreases gliding resistance of the median nerve within the carpal tunnel
6. Ultrasound verification of safe needle examination of the rhomboid major muscle

Did You Know?

Generally, each month you will find at least one Invited Review or one AANEM Monograph. Members of AANEM can receive FREE CME CREDIT from the AANEM Monographs and also from selected Invited Reviews designated for credit by AANEM.

December 2017: AANEM monograph, Neuromuscular complications of radiation therapy by Michael D. Stubblefield, MD (CME available)

December 2017: Invited review, Muscle growth: To infinity and beyond? by Brittany R. Counts, MS, Samuel L. Buckner, MS, J. Grant Mouser, MS, Scott J. Dankel, MS, Matthew B. Jesse, MS, Kevin T. Mattocks, MS, and Jeremy P. Loenneke, PhD

January 2018: Invited review, Genetic modifiers of Duchenne and facioscapulohumeral muscular dystrophies by Rylie M. Hightower, BSN, and Matthew S. Alexander, PhD (CME available)

“Muscle & Nerve has more review articles than ever before.”
~ Zachary Simmons, MD Muscle & Nerve Editor
Muscle & Nerve is tweeting! Follow @MuscleandNerve on Twitter to receive highlights on the latest studies of the muscle, the neuromuscular junction, peripheral nerves, neuromuscular disease, and novel treatments.

You may also view Muscle & Nerve's latest tweets at www.twitter.com/muscleandNerve.

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Make room for one more app on your iPhone, iPad, and iPod Touch – the Muscle & Nerve app. Now, while on the go, it's possible to stay current on studies of the muscle, the neuromuscular junction, peripheral nerves, neuromuscular disease, and novel treatments. All you have to do is download the Muscle & Nerve app onto your iOS device.

Current Muscle & Nerve subscribers may "pair" their iOS device with their personal or institutional subscription to enjoy full access of the app.

With the app, you:
• Are notified when a new issue is available.
• Stay current with the latest articles through Early View.
• May download articles and issues to review offline.
• Can save favorite articles for quick and easy access.
• May share articles with colleagues or students.

For more information and to download the app, visit the iOS App Store.

Articles of particular importance are now often accompanied by editorials written by experts in the field.

December 2017: Manuscript – The association between wrist ratio and carpal tunnel syndrome: Effect modification by body mass index by Thiese et al
Editorial – Work-related carpal tunnel syndrome – what’s important? by Gary M. Franklin, MD, MPH, and Zachary Gray, BS, MPH

December 2017: Manuscript – Ultrasonography in neuralgic amyotrophy: Sensitivity, spectrum of findings, and clinical correlations by Zsuzsanna et al
Editorial – Diagnosing neuralgic amyotrophy: Choosing the right test at the right time by Nens Van Alfen, MD, PhD

January 2018: Manuscript – Improving symptom management for people with amyotrophic lateral sclerosis by Nicholson et al
Editorial – Symptom management in ALS: We can do better by Stephen Goutman, MD, MS, and Zachary Simmons, MD

January 2018: Manuscript – Ultrasound-guided hydrodissection decreases gliding resistance of the median nerve within the carpal tunnel by Evers et al
Editorial – Hydrodissection for treatment of carpal tunnel syndrome by Jeremy D. Bland, MB, ChB
## AANEM CALENDAR OF EVENTS

### 2018

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>February</td>
<td>8-10 AANEM representatives attend CPT Editorial Panel Meeting in San Diego, CA</td>
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<tr>
<td></td>
<td>9-10 AANEM Board of Directors/Finance Committee Meeting in Minneapolis, MN</td>
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<td></td>
<td>20 Regular registration begins for proctored Electrodiagnostic &amp; Neuromuscular Self-Assessment Examinations</td>
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<tr>
<td>March</td>
<td>1 CNCT Examination application registration opens</td>
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<td></td>
<td>7-10 ABEM Certification Examination</td>
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<td></td>
<td>15 Golseth Award manuscript submission deadline</td>
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<td></td>
<td>15 Foundation and IFCN Annual Meeting Awards application deadline</td>
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<tr>
<td>April</td>
<td>6 Registration deadline for proctored Electrodiagnostic &amp; Neuromuscular Self-Assessment Examinations</td>
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<tr>
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<td>25-28 AANEM representatives attend RUC in Chicago, IL</td>
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<td>29-30 AANEM State Liaison Committee Meeting &amp; Hill Day in Washington, DC</td>
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<td></td>
<td>30 CNCT Examination application &amp; refund request deadline</td>
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<tr>
<td>May</td>
<td>7-14 Proctored Electrodiagnostic &amp; Neuromuscular Self-Assessment Examinations</td>
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<tr>
<td></td>
<td>17-19 AANEM representatives attend CPT Editorial Panel Meeting, San Antonio, TX</td>
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<tr>
<td>June</td>
<td>1 Abstract award recipients notified</td>
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<td></td>
<td>6 &amp; 9 CNCT Examination administration</td>
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<td></td>
<td>9-13 AANEM representatives attend the AMA House of Delegates meeting in Chicago, IL</td>
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<td></td>
<td>28 Early bird registration for AANEM 2018 Annual Meeting in Washington, DC begins</td>
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<tr>
<td>July</td>
<td>1 2018-2019 Training Program Partnerships Begin</td>
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<td>July 31-August 2 AANEM representatives attend the meeting for the AMA State Advocacy Roundtable in Park City, UT</td>
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<tr>
<td>August</td>
<td>1 ABEM MOCP Exam registration open</td>
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<td></td>
<td>3 Early-bird registration for the 2018 AANEM Annual Meeting ends</td>
</tr>
<tr>
<td></td>
<td>4 Regular registration for the 2018 AANEM Annual Meeting begins</td>
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**The No. 1 place for your PMR and neurology job search!**

Explore the career center today at [www.healthcareers.com/aanem](http://www.healthcareers.com/aanem).
To improve the quality of patient care and advance the science of neuromuscular (NM) diseases and electrodiagnostic (EDX) medicine by serving physicians and allied health professionals who care for those with muscle and nerve disorders.

MISSION

Quality Patient Care:
Develop and deploy resources, programs, and standards to help NM and EDX professionals deliver high quality patient care to all patients.

Membership Support and Operations:
Balance the association’s long-term viability and growth in membership through strong financial leadership, corporate support, infrastructure efficiencies, and collaborations.

Foundation Support:
Support the AANEM Foundation in becoming a recognized leader in NM research.

VISION

To be the premier organization ensuring quality NM & EDX care for all patients.

VALUES

Supporting the efforts to ensure high quality, cost effective, ethical care for patients
Advancing physicians’ and allied health professionals’ care of patients

Developing and promoting best practice standards
Defining and advocating for quality patient care

Encouraging a multi-disciplinary approach to patient care and developing ethical relationships with others who can advance the industry

PILLARS

The AANEM has built its strategic plan around the following pillars:

Quality Patient Care:
Develop and deploy resources, programs, and standards to help NM and EDX professionals deliver high quality patient care to all patients.

Membership Support and Operations:
Balance the association’s long-term viability and growth in membership through strong financial leadership, corporate support, infrastructure efficiencies, and collaborations.

Foundation Support:
Support the AANEM Foundation in becoming a recognized leader in NM research.
Neurology Reviews is proud to announce the upcoming publication of our 4th Annual RARE NEUROLOGICAL DISEASE SPECIAL REPORT. Published in collaboration with the National Organization for Rare Disorders (NORD), this highly read supplement aims at educating clinicians on rare neurological diseases, symptoms, diagnostic tests and tools, and treatments.

Watch for the 4th Annual RARE NEUROLOGICAL DISEASE SPECIAL REPORT in March 2018.

FOR MORE INFORMATION, CONTACT:
Elizabeth Katz, Publisher, Neurology Reviews
ekatz@frontlinemedcom.com  I  973-224-7951

www.neurologyreviews.com
Don’t miss the
2018 AANEM Annual Meeting.
Washington, DC | Oct. 10-13, 2018