In the September 1997 Spine Section Newsletter, the Sofamor-Danek Group, Inc., presented a three-page summary of the pedicle screw litigation and the proposed AcroMed settlement. Prior to publication of that newsletter, AcroMed Corporation had declined an opportunity to submit their opinion on the litigation and proposed settlement. AcroMed declined the offer because their legal team did not want to jeopardize their case prior to acceptance of the final settlement agreement.

Last month, the federal district court accepted the settlement proposed by AcroMed. The approval is an appeal to the Federal Court of Appeals. A follow-up call was made to provide AcroMed with an opportunity to present their side of the pedicle screw settlement. Mr. Jim Robson, Executive Vice President of AcroMed, accepted the Spine Section's offer. His response begins on page 2 of this newsletter.

The purpose of these letters from the industrial representatives was to provide neurosurgeons with the opportunity to make informed decisions rather than rely on hearsay or anecdotal reports. There has been much controversy surrounding the pedicle screw litigation and the AcroMed settlement throughout the spine surgery community. We hope this opportunity to hear the companies' view in their own words has helped clarify some of the debate surrounding this case. The report from AcroMed will close the pedicle screw series until the day the Food and Drug Administration makes its ruling regarding down classification.
AN OPEN LETTER TO U.S. SPINE SURGEONS
FROM ACROMED CORPORATION

The following statement is the response of the AcroMed Corporation to the pedicle screw issue. This response is solely the position of Mr. Jim Robson and the AcroMed Corporation and does not reflect any position by the Joint Section on Disorders of the Spine and Peripheral Nerves, Congress of Neurological Surgeons or The American Association of Neurological Surgeons.

Dear Doctor:

It has been nearly a year since we wrote to you announcing AcroMed's $100 million bone screw litigation settlement. The slow moving legal process restricted our ability to communicate with you since that time. The federal court's recent approval of the settlement frees us to set the record straight.

Why AcroMed Settled

AcroMed settled after fighting these cases for years. We settled only after the U.S. Supreme Court's June 1996 decision in Medtronic v. Lohr deprived bone screw manufacturers of the federal preemption defense. We settled only after the Philadelphia court directed all parties to consider settling.

We believe AcroMed's decision to settle was right. Plaintiffs' lawyers have always been fully committed to this fight and exceptionally well-funded. As a recent Fortune article observed, "no industry can outlast the plaintiffs bar". The very public breast implant settlement shows that plaintiffs' lawyers have the economic upper hand against even the most powerful and well-funded companies in America. Sad, but reality.

After the federal preemption decision, it was clear that the 3,200 AcroMed cases would be fought one-by-one in individual trials across the country for years. If we had any reason at all to think we were on the verge of winning, we would not have settled. The continued defense of these thousands of bone screw cases would have required hundreds of trials and exorbitant defense costs. Hundreds of surgeons would have been called on to give thousands of hours of deposition and public trial testimony. This process, even if AcroMed won every case, would have devastated the surgical spine community. The settlement allows AcroMed and its customers to put the artificially created pedicle screw controversy behind us.

How the Settlement Affects You

Surgeons and Hospitals

AcroMed insisted that its settlement protect surgeons and hospitals who used our devices. As a surgeon-driven company, AcroMed could not exit this litigation and leave our surgeons behind. AcroMed's settlement bars all products liability-related claims against surgeons and hospitals. This includes all:

- Allegations that an AcroMed device was used for a purpose not cleared by the FDA.
- Claims that the surgeon did not advise the patient or gave inaccurate information about FDA regulatory status of an AcroMed device.
- Lawsuits alleging that the surgeon used a defective AcroMed device in the surgery.

The court's settlement approval order bars all patients implanted with an AcroMed device before December 31, 1996 from ever pursuing any of these claims against their surgeon or hospital.

continued
Although the settlement does not cover medical malpractice, these types of cases against surgeons and hospitals are beginning to be dismissed by plaintiffs who prefer instead to participate in the AcroMed settlement fund.

A handful of plaintiffs (about 30 out of 3,200) represented by Ralph Nader's Public Citizen group objected to giving this protection to surgeons and hospitals. To our amazement, Sofamor-Danek worked hand-in-hand with Public Citizen and also objected to AcroMed's protection of surgeons and hospitals. Sofamor-Danek said that the settlement should not be approved because it "disadvantages malpractice plaintiffs" because a portion of AcroMed's $100 million is paying to settle the claims against surgeons. Sofamor-Danek argued to the court that "assets held by" surgeons and societies "should be considered" in its decision.

Medical Societies

We protected North American Spine Society, The American Association of Neurological Surgeons, Scoliosis Research Society and American Academy Orthopaedic Surgeons, who were dragged into this litigation through no fault of their own. Our settlement dismisses these societies from all cases brought by patients treated with AcroMed devices. As with the surgeons and hospitals, patients are barred from ever pursuing any such claims against these societies in the future. AcroMed saved the societies hundreds of thousands of dollars and resolved hundreds of cases that they would otherwise have had to defend. None of the societies objected to approval of our settlement. NASS's lawyer, Shawn Collins, wrote that any statement that NASS opposes the settlement is "wholly inaccurate."

What the Settlement Means

AcroMed is the only company that has protected the medical societies, surgeons and hospitals that were dragged into litigation stemming primarily from the regulatory status of pedicle screws. We did the right thing for spine surgery, under difficult circumstances that everyone wishes had never arisen and in a litigation environment that presents few options.

In U.S. mass tort litigation, history shows that, regrettably, settlements are inevitable. There will be other settlements in the bone screw litigation. Indeed, Sofamor Danek CEO Ron Pickard said earlier this year that if the AcroMed settlement terms were available to Sofamor Danek, he'd settle too. If Sofamor Danek does settle, it will no doubt blame AcroMed's settlement for its decision. It is the unfortunate reality of the U.S. legal system, not AcroMed, that forces companies to settle.

AcroMed is secure in the knowledge that its conduct has been entirely appropriate, not only from medical and scientific perspectives, but also from legal, ethical and moral perspectives. AcroMed has resolved the legal controversy surrounding our pedicle screws and is moving forward with its mission of providing surgeon-driven innovative solutions for spinal disorders.

We thank you for your continued support.

Sincerely,

W. Dekle Rountree, Jr.  James C. Robson
President & CEO  Executive Vice President, Office of the CEO
SPINE SECTION ANNUAL MEETING

The 14th Annual Meeting of the Joint Section on Disorders of the Spine and Peripheral Nerves, jointly sponsored by The American Association of Neurological Surgeons, will be February 11–14, 1998, in Rancho Mirage, California. Dr. H. Louis Harkey is the Scientific Program Chairman, and the program includes hands-on and lecture style courses; comprehensive symposiums; debate-style lectures; and an exciting social program.

Wednesday, February 11

Special Course I: Peripheral Nerve Injury
Coordinator: Allan J. Belzberg, M.D.

Special Course II: Surgical Management of Thoracolumbar Trauma
Coordinator: Russell P. Nockels, M.D.

Special Course III: Basics of Endoscopic Spinal Surgery
Coordinators: Curtis A. Dickman, M.D., Kevin T. Foley, M.D.

Thursday, February 12

Symposium I: Peripheral Nerves
Moderators: Allan J. Belzberg, M.D., James N. Campbell, M.D.

Symposium II: Spondylolisthesis
Moderators: Edward C. Benzel, M.D., Kevin T. Foley, M.D.

Friday, February 13

Symposium III: Controversies
Lumbar Fusion Is Appropriate Management of Discogenic Pain, Regis William Haid, Jr., M.D.
Lumbar Fusion Is Inappropriate Management of Discogenic Pain, Perry A. Ball, M.D.
Plating Following Anterior Cervical Discectomy and Interbody Fusion for Single Level Spondylolisthesis with Unilateral Radiculopathy: The Case Against, Paul R. Cooper, M.D.
Plating Following Anterior Cervical Discectomy and Interbody Fusion for Single Level Spondylolisthesis with Unilateral Radiculopathy: The Case For, Ronald I. Apfelbaum, M.D.
The Case for ALIF, Curtis A. Dickman, M.D.
The Case for PLIF, Charles L. Branch, M.D.
Intrathecal Morphine Infusion Is the Best Available Therapy for Failed Back Syndrome, Richard Osenbach, M.D.
Intrathecal Morphine Infusion Is Never Appropriate Therapy for Failed Back Syndrome, Lloyd Zucker, M.D.

Special Course IV: Spinal Biomechanics
Coordinator: Edward Benzel, M.D.

Special Course V: Clinical Management of Advanced Adult Lumbosacral Degenerative Deformity (Scoliosis and Spondylolisthesis)
Coordinator: Robert F. Heary, M.D.

Special Course VI: Consultant’s Corner: Cervical
Coordinator: Charles L. Branch, M.D.

Special Course VII: Thoracoscopic Spinal Lab
(Requires attendance at Wednesday lecture series)
Coordinator: Curtis A. Dickman, M.D.

Saturday, February 14

Symposium IV: Innovations in Spinal Surgery
Moderators: Gerald Rodts, M.D., Joseph T. Alexander, M.D.

Symposium V: Update on Spinal Cord Injury
Moderators: Thomas B. Ducker, M.D., Stephen M. Papadopoulos, M.D.

Special Course VIII: Consultant’s Corner: Lumbar
Coordinator: Stewart B. Dunsker, M.D.

Special Course IX: Rheumatologic Disorders of the Cervical Spine
Coordinator: Brian G. Cuddy, M.D.

Special Course X: Microendoscopic Discectomy
(Cadaver course requires attendance at Wednesday lecture series)
Coordinator: Kevin T. Foley, M.D.

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The American Association of Neurological Surgeons and the Joint Section on Disorders of the Spine and Peripheral Nerves. The Accreditation Council for Continuing Medical Education (ACCME) accredits The American Association of Neurological Surgeons to sponsor continuing medical education for physicians.

The American Association of Neurological Surgeons designates this educational activity for a maximum of 19 hours in category 1 credit toward the AMA Physician's Recognition Award. Additional hours may be earned by attending Special Courses. Each physician should claim only those hours that he/she actually spent in the educational activity.
Annual Meeting

Opening Reception
Wednesday, February 11
6:30–9 PM

Come and visit with old and new acquaintances at the Masters Plaza for the Opening Reception of the Annual Meeting. There will be a sumptuous display of food, and casual attire is recommended.

Reception and Poster Viewing Session
Thursday, February 12
5–6:30 PM

More than 100 scientific poster presentations have been selected for display at the Annual Meeting. Come join your colleagues for a beverage and hors d’oeuvres while you visit exhibit booths and view posters.

Golf Tournament
Friday, February 13
1:30–5:30 PM

$120 per person
Plan to spend the afternoon on the Pete Dye Golf Course with fellow attendees. Spectacular mountain views, shimmering lakes, lush rolling fairways and Pete Dye’s legendary trademark pot bunkers and railroad ties combine to make this course one of the desert’s greatest golf experiences. At 6,706 yards and par 70, the Pete Dye Golf Course is quite playable for all skill levels. There will be a shot-gun start, and club and shoe rental is available.

Tennis Tournament
Friday, February 13
1:30–4:30 PM

$35 per person
The 1998 Joint Spine Section tennis tournament will be held on the tennis courts of the Westin Hills Resort. Under the direction of a tennis pro, this round robin tournament will be divided into two divisions in order to offer challenging competition to all levels of play.

IN BRIEF...

ABNS Primary Examination

The March 1997 primary examination of the American Board of Neurological Surgery had only 24 questions related to the bony or soft tissue relationships of the spine. Of over 500 questions on the examination, there were no questions that addressed bone healing, spinal biomechanics or instrumentation. At a request of the Joint Section, the ABNS is encouraging submission of questions related to the spine. Interested individuals who can provide 5 questions should contact Dr. Edward Benzel at the University of New Mexico, (505) 272-3401. Questions will be forwarded to the ABNS in August 1998 for consideration for the 2000 primary examination.

Joint Section Research Awards

Awards of $15,000 and $30,000 are available through the Joint Section on Disorders of the Spine and Peripheral Nerve. Applications must be received by Vincent C. Traynelis, M.D., (University of Iowa, Division of Neurosurgery, 200 Hawkins Drive, Iowa City, IA, 52242) by July 1, 1998.

The applications should not exceed five single-spaced pages. The format should include: 1) specific aims, 2) literature review and prior studies, 3) a brief summary of the proposed study, and 4) a plan for utilizing the funds to produce a fundable grant application. A detailed budget and budget justification must accompany the application. The award winners will be announced at the Spine Section Annual Meeting in February, 1999.

Book Reviews

The Joint Spine Section Newsletter is interested in publishing reviews of recently published neurosurgical textbooks. Anyone interested in providing a review should contact Dr. Robert Heary (UMDNJ — New Jersey Medical School, 90 Bergen Street, Suite 7300, Newark, NJ, 07103; e-mail: heary@umdnj.edu)

Meeting Abstracts

Scientific abstracts for the AANS, CNS and Joint Section can be submitted electronically through NCIC®, the Professional Pages Section, and there is a link called “Online Abstract Center.” Once you are in the Online Abstract Center, you will see links to the various meeting abstract forms. Click on the appropriate form and follow the directions. Abstracts for the 1998 CNS Annual Meeting are due April 3.
LUMBAR SPINAL STENOSIS COMMUNICATIONS PROGRAM LAUNCHED

In an unprecedented joint effort, The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) have developed a marketing communications campaign specifically for neurosurgical spine surgeons. Launched just 60 days ago, the program has had a tremendous response from members, patients, referring physicians and the media.

“Getting SMART About Neurosurgery: Lumbar Spinal Stenosis and the Aging Patient” is an easy-to-use public education and practice-building tool that directly responds to the challenges of today’s healthcare marketplace. It allows you to use your knowledge as a specialist in spine surgery to serve as a spokesperson for neurosurgery while, at the same time, enhancing the visibility of your practice in the community. The goals of the program are to:

➨ Increase awareness of the scope and quality of neurosurgery.
➨ Engage members in a program of public and professional education about the specialty.
➨ Promote the timely, appropriate application of neurosurgical solutions to health needs.
➨ Help neurosurgery enhance and expand its role as a valued provider of health care.

The program materials were developed by Project Chairman Stan Pelofsky, MD, and a panel of spine surgeons from the AANS, CNS and the Spine Section, including Edward Benzel, MD, Richard Fessler, MD, and Stephen Papadopoulos, MD. Volker Sonntag, MD, Russell Travis, MD, and Lloyd Zucker, MD also provided input.

WHY THE PROGRAM WAS CREATED

This program was created because 50 percent of neurosurgeons reported they aren’t busy enough—surgeries are down and competition is up—and they wanted help in responding to the challenge.

In researching the problem, a number of databases of media coverage were reviewed. It was found that 75 percent of mentions in the press regarding back pain referenced orthopaedic surgeons and only 25 percent mentioned neurosurgeons. General back surgery coverage was 62 percent orthopedics and 38 percent neurosurgery.

WHY LUMBAR STENOSIS

The topic of lumbar stenosis (LSS) was chosen for four basic reasons:

➨ It is a common neurological condition not well understood.
➨ It has a large enough patient base to warrant coverage.
➨ The aging patient base will result in an increasing number of cases.
➨ This is a surgical area where neurosurgeons can exert leadership.

The media database showed that in the thousands of stories on back pain and spinal surgery, coverage of lumbar spinal stenosis was non-existent. The result was “Lumbar Spinal Stenosis and the Aging Patient.” The program objectives are to:

➨ Increase awareness of the scope/benefits of neurosurgery.
➨ Associate neurosurgeons with the treatment of backs and spinal disorders.
➨ Educate the public about lumbar spinal stenosis.
➨ Encourage patients to seek neurosurgical evaluation.
➨ Create opportunities for expanded referral relationships.

The key messages the program delivers are that:

➨ LSS is a hidden neurological condition.
➨ As many as 400,000 Americans may have symptoms, however, most have not been diagnosed with the condition.

continued
Neurosurgeons say Americans need to know more about LSS because it’s frequently misdiagnosed or underdiagnosed and, as a result, many people suffer needlessly.

Treatment is available so sufferers can resume active lives.

Patients are urged to listen to their bodies, describe the symptoms, and ask their primary physicians if a neurosurgical consult is in order.

The LSS communications initiative was launched in late September and included a media kit that was distributed to health writers nationwide, a video news release that was made available for satellite download by network television stations, and an array of educational and professional outreach materials developed for distribution by neurosurgeons in their local communities.

PUTTING THE PROGRAM TO WORK FOR YOU

Since the program’s launch, more than 300 AANS and CNS members have enrolled in the program and have begun making slide presentations, doing interviews with local media, providing informational brochures to patients and sending resource materials to referring physicians.

Stan Pelofsky, M.D., of Oklahoma City, distributed the professional booklet to a number of colleagues who had previously referred patients and within a month, “We could see a difference in referrals for stenosis consultations in our practice,” he said.

In addition, an educational exhibit featuring the LSS campaign materials was displayed at the 1997 Annual Scientific Assembly of the American Academy of Family Physicians held in Chicago, where more than 1,000 family physicians received the referral brochure. Chicago-area neurosurgeons who volunteered their time to staff the booth and answer questions from family physicians were James P. Chandler, M.D.; Christopher Getch, M.D.; Yogesh Ghandi, M.D.; Martin Herman, M.D.; and Noam Stadland, M.D. Lloyd Zucker, M.D., of Boca Raton, made a presentation using the professional slides during a plenary session at the Southern American Academy of Family Physicians Annual Meeting attended by approximately 300 family physicians. “The slides were very well received. The family physicians were very interested in the topic and asked a lot of questions,” Dr. Zucker said. “Family physicians are an audience that more neurosurgeons need to reach. The slides and syllabus made it easy.”

The materials in the program are comprehensive, but also allow room for individual neurosurgeons to tailor the program to fit their practice needs. All materials and key media messages focus on both the specific patient benefits of the services offered and why neurosurgery is the “provider of choice.” These materials include the following:

Ready-to-Use Slide Presentations on LSS (patient and professional): Two slide sets, with accompanying syllabi. The professional slide set (38 slides) is designed for presentations to family physicians, internists, physician assistants or other healthcare professionals. The patient slide set (22 slides) is designed for presentations to patient groups and the general public. ($150)

Referral Source Booklet: This full-color, 12-page booklet describes the disease pathophysiology and pathogenesis, recommended diagnostic tests, treatment and surgical options, and when it’s appropriate to refer a patient for neurosurgical consultation. They can be used as leave-behinds at presentations or in mailings to primary care providers and other referral sources. ($50 for 50)

Patient Brochure: This full-color, 12-page brochure contains a simple but complete discussion of the causes and treatment options for lumbar spinal stenosis. It includes information on understanding the disease, symptoms, treatment options, surgical criteria, and explanations of various operative procedures, expected outcomes and risks. ($40 for 50)

Ambassador Package: The Ambassador package includes all of the above materials (200 patient brochures and 100 referral source booklets), along with a media kit, sample referral letters, and a video news release. ($275)

JOIN NOW

It is vital that we speak up and remind consumers, referring physicians, third-party payers and even the media about the value and contributions of neurosurgical care to the well being of patients.

If you have not yet enrolled to participate in this unique, high-quality program, we urge you to act now.

For more program details, contact Susan Nowicki, APR, Director of Communications at the AANS National Office, (847)692-9500, ext. 45.

To order program materials, contact Laura Weiss in the AANS Publications and Orders Department, ext. 39.
BYLAWS REVISION

JOINT SECTION ON DISORDERS OF THE SPINE AND PERIPHERAL NERVES

1. MEMBERS AT LARGE
Current: There shall be two members at large. (Rules and Regulations 4.03)

Proposed: There shall be three members at large.

Reason: 3 year terms: One member would rotate off the committee each year and be replaced by a new member.

2. NOMINATING COMMITTEE
Current: The nominating committee shall consist of four members appointed by the Joint Section Executive Committee and the Committee Chairperson. One member shall be appointed each year, with each appointment lasting three years. (Rules and Regulations 5.04)

Proposed: The nominating committee shall consist of three members appointed by the Joint Section Executive Committee and the Committee Chairperson. One member shall be appointed each year to replace the member rotating off of the committee. Each member’s appointment shall last three years.

Reason: More orderly transition, correct logistical error in current rule.

3. RESEARCH COMMITTEE CHAIRPERSON
Current: The Research Committee shall conduct and coordinate the scientific and research activities of the Joint Section at the will of the Joint Section Executive Committee. This committee shall inform the Executive Committee of its activities by bi-annual reports and as deemed necessary by the Joint Section Chairperson, Executive Committee, and Committee Chairperson. The committee shall not speak or act in the name of the parent organizations and/or the Joint Section without approval of the appropriate Executive Committees. (Rules and Regulations 5.08)

Proposed: The Research Committee shall conduct and coordinate the scientific and research activities of the Joint Section at the will of the Joint Section Executive Committee. This committee shall inform the Executive Committee of its activities by bi-annual reports and as deemed necessary by the Joint Section Chairperson, Executive Committee, and Committee Chairperson. The committee shall not speak or act in the name of the parent organizations and/or the Joint Section without approval of the appropriate Executive Committees. The Chairperson of the Research Committee shall instruct the Treasurer regarding research awards. The Chairperson will inform the Treasurer regarding the amounts awarded and the payment dates for those funds to be disbursed.

Reason: To create a mechanism for timely payment of research awards.

4. COORDINATING COMMITTEE FOR NEUROSURGICAL ORGANIZATIONS CHAIRPERSONS
Charge: To oversee the Coordinating Committee for Neurosurgical Organizations. This committee shall help coordinate other spine-related activities within Neurosurgical organizations. The committee chairperson shall be a member of both parent organizations and of the Joint Section. (Rules and Regulations 5.02)

Proposed: The Coordinating Committee for Neurosurgical Organizations shall be eliminated because its duties overlap with other more active committees.

Reason: To eliminate redundancy of Committee duties.

continued
5. CHAIRPERSON OF THE COORDINATING COMMITTEE FOR ORGANIZATIONS EXTRINSIC TO NEUROLOGIC SURGERY

Charge: This person shall coordinate the activities of the Coordinating Committee for Organizations Extrinsic to Neurologic Surgery. This Committee shall help coordinate and monitor various activities related to spinal disorders and peripheral nerves and organizations affiliated with the parent organizations or the Joint Section (e.g., governmental agencies and other medical specialties and societies). This Committee shall inform the Executive Committee of the Joint Section of its activities by bi-annual written reports and as deemed necessary by the Joint Section Chairperson, Executive Committee, or Committee Chairperson. This Committee shall not speak in the name of the parent organizations or the Joint Section without the approval of the Board of Directors (AANS) or the Executive Committee (CNS). The Committee Chairperson shall be a member of both parent organizations and the Joint Section.

Proposed: The Coordinating Committee for Organizations Extrinsic to Neurologic Surgery shall be eliminated.

Reason: To eliminate redundancy.

1998 AANS ANNUAL MEETING


There are a variety of spine-related practical clinics available for neurosurgeons. The clinics include:

**Saturday Morning**
001 Spinal Biomechanics  
Director: Edward Benzel, M.D.

**Saturday Full Day**
003 Surgical Anatomy of the Thoracic and Lumbar Spine  
Director: Richard Fessler, M.D., and David Cahill, M.D.

**Saturday Afternoon**
005 Cranio-Cervical Junction: Approaches and Treatment  
Director: Arnold Menezes, M.D.

006 Cervical Spine Instability: Instrumentation and Other Methods of Management  
Director: Volker Sonntag, M.D.

009 Building a Booming Practice Using Lumbar Spinal Stenosis: The Science and Marketing Program (SMART)  
Directors: Stanley Pelofsky, M.D., and Susan Nowicki, APR

012/028 Stereotactic Spine Surgery: Techniques and Applications  
Director: Kevin Foley, M.D.

013/029 Lumbar Inter-Body Fusion and Interbody Techniques  
Directors: Charles Branch, M.D., and Peter Klara, M.D.

014 Thoracic and Lumbar Stabilization Techniques  
Director: Regis Haid, Jr., M.D.

**Sunday Full Day**
021 Surgical Exposure, Decompression and Stabilization of the Cervical Spine  
Directors: Richard Saunders, M.D., Dennis Volmer, M.D., and Vincent Traynelis, M.D.

The Joint Section on Disorders of the Spine and Peripheral Nerves Session will be on Wednesday, April 29, from 2:45–5:30 PM.
TWO Week-Long Spine Courses in 1998!!

**Spine Surgery - Hands-On:**
A Comprehensive Approach for Neurosurgeons & Neuroscience Nurses
Course Chairman: Edward C. Benzel, MD
May 16–22, 1998
Albuquerque, New Mexico

**Spine Review - Hands-On:** For Young Neurosurgeons
(For residents within two years of finishing training and those in practice for two years or less)
Course Co-Chairmen: Edward C. Benzel, MD & Russ P. Nockels, MD
August 15–21, 1998
Albuquerque, New Mexico

✔️ These other 1998 courses also may be of interest to you . . .

**Topics in Neurosurgical Critical Care**
Course Chairman: Michael J. Rosner, MD
January 24–27, 1998
San Juan, Puerto Rico

**Reimbursement Foundations: Neurosurgical Billing and Coding for Efficiency**
Course Co-Chairmen: Richard A. Roski, MD, FACS & Samuel J. Hassenbusch, MD, PhD
February 19–21 • Costa Mesa, CA  June 11–13 • Minneapolis, MN
March 5–7 • Boston, MA  August 27–29 • Chicago, IL

**Advanced Coding and Reimbursement Concepts in Neurosurgery**
Course Co-Chairmen: Richard A. Roski, MD, FACS & Samuel J. Hassenbusch, MD, PhD
May 29–31 • Orlando, FL  November 13–15 • Cancun, Mexico

For more information, call the AANS Professional Development Department at (847) 692-9500, or email us at info@aans.org.
Application for Membership
Joint Section on Disorders of the Spine and Peripheral Nerves
of the AANS/CNS

I. Biographical
(A) Name: _____________________________________________________________________________________
(B) Home Address: ______________________________________________________________________________
   Phone #: ___________________________________________________________________________________
(C) Office Address: ______________________________________________________________________________
   Office Phone: _______________________________________________________________________________
(D) E-Mail Address: _____________________________________________________________________________

II. Category of Membership Requested: (Must be a member of the AANS or CNS).
   ❏ Active   ❏ Associate
   ❏ International   ❏ Resident

III. Membership, Certification and Practice:
(A) Are you certified by the American Board of Neurological Surgery?
    ❏ Yes       ❏ No

(B) Are you a member of
   1. The American Medical Association?
      ❏ Yes       ❏ No
   2. A Local or Regional Medical Society?
      ❏ Yes       ❏ No
      Name: ____________________________________________________________

   3. A State or Provincial Medical Society?
      ❏ Yes       ❏ No
      Name: ____________________________________________________________

   4. The American Association of Neurological Surgeons?
      ❏ Yes       ❏ No

   5. The Congress of Neurological Surgeons?
      ❏ Yes       ❏ No

Signature: ___________________________________________ Date: _____________________________

Please return the completed application with your membership fee of $50.00 to:
Joint Section on Disorders of the Spine and Peripheral Nerves
Dept. 77-7586
Chicago, Illinois 60678-7586