Welcome to the latest Newsletter of the Disorders of the Spine and Peripheral Nerve Joint Section of the American Association of Neurological Surgeons and Congress of Neurological Surgeons.

John O’Toole conducts a Q&A with our Present Chair of the Joint Section, Praveen Mummaneni. We will continue to interview each of the Chairs and other senior EC members in future editions.

The Nerve Update has fantastic content in this issue. David Kline, one of the luminaries of nerve surgery, is interviewed by Cheerag Upadhyaya. Zack Ray and Thomas Wilson provide a focused review of hand weakness. Line Jacques and Lynda Yang offer a nerve member update focusing upon course offerings and grant opportunities.

Joseph Cheng offers an update of coverage changes relevant to neurosurgical practice.

Finally, Bradley Jacobs, Chair of the DSPN Rules and Regulations Committee, has a review of the Rules and Regs changes that are up for review by our membership. We are presenting these changes a second time; they will be voted on during the Business Session of the upcoming DSPN meeting.

We hope to see you in Orlando!

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Interview with Chair Praveen Mummaneni

**John O’Toole:** What would you say were the most memorable highlights of your year as Chair of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves (DSPN)?

**Praveen Mummaneni:** We were fortunate to have an outstanding Executive Committee leading the Section, and working with them is the highlight of my year. Our officers are dedicated and an inspiration to see in action. Financially the Section is stronger than ever due to the efforts of Chair elect Jack Knightly, Secretary Marjorie Wang, Treasurer Mike Wang, Exhibits Chair Dan Hoh, and Past Chair John Hurlbert. The committee chairs pulled more than their weight as well.

Adam Kanter and Zo Ghogawala and the scientific program committee created a superb Annual Meeting featuring honored guests Chris Shaffrey and Larry Lenke. Phil Weinstein, who is a founding member of the Section is this year’s honored guest. The institution of the Charles Kuntz IV memorial fund through the Neurosurgery Research & Education Foundation to promote resident attendance at the annual meeting is a milestone for us. We invited Charlie’s parents and family to the annual meeting to see thirty residents who are attending the Section meeting to give oral talks and receive travel awards through the Kuntz NREF fund.

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Interview with Chair Praveen Mummaneni

Continued from page 1

John O’Toole: This year’s DSPN annual meeting, or “Spine Summit 2016,” again features the involvement of a large number of other spine societies. In what ways do you think we can maximize the potential of collaboration when engaging leaders of these other organizations?

Praveen Mummaneni: Engagement of colleagues in other spine societies is a primary goal in advancing the mission of the section, namely, to advance spine and peripheral nerve patient care through education, research and advocacy. Our mission overlaps with those of the other spine societies, and by partnering with them we become more effective in realizing that mission. We are better off all pulling the oars of the ship in the same direction.

John O’Toole: You have been a steadfast advocate for supporting research efforts in neurosurgery. What do you think are the most pressing research questions facing spine surgery today?

Praveen Mummaneni: We are living in a cost conscious healthcare world and cost effectiveness is now the new mantra in the new realm of spine research. We need to carefully analyze multicenter datasets, especially the N2QOD data set in order to obtain quality and cost effectiveness info to show our worth in patient care. I have no doubt that state of the art spine care results in remarkable improvements in patients’ lives. We can prove this now with cutting edge clinical research. The Section has set aside funds through the Haid NREF fund to analyze the N2QOD dataset. This was our major reorientation of the research budget this year. We engaged Tony Asher and Matt Mcgirt who were very helpful in this process.

John O’Toole: In addition to the multiple other spine societies partnering in the Spine Summit, this year’s meeting features the Neurological Society of India. In what ways can the Spine Section continue to foster deeper relationships with Spine organizations from other countries?

Praveen Mummaneni: Our strategic plan is to target partner societies in countries with a large number of practicing spine surgeons to form ties with us. This year we showcase India and next year Korea. Shekar Kurpad did a superb job coordinating the NSI outreach this year and Dan Hoh will engage the Korean spine surgeons next year. We have much to learn from how surgeons deal with similar problems in different patient populations with different economic pressures and health system structures. The leadership from NSI has been very collegial (Dr’s Rajshekar, Misra, Sharma, and Bannerjee) have welcomed us to their annual meeting as well.

John O’Toole: Your commitment to professional education is manifest in your years as a mentor to many successful residents and fellows. Looking back at this point in your career, which of your own spine surgery mentors would you say have had the greatest impact on you?

Praveen Mummaneni: My residency chair was Mitch Berger at UCSF who put me on the path to an academic spine career. My fellowship directors were Reg Haid and Rusty Rodts who were technically superb surgeons and completely unflappable in any predicament. Along the way my many friends in the Section Chair lineage have given me advice in the tough times. I have not hesitated to call on Dan Resnick, Chris Shaffrey, Joe Cheng, Mike Groff, John Hurlbert and others. I hope they all know how much their help and guidance meant to me.

John O’Toole: And as a follow-up, what guidance would you give to young spine surgeons who aspire to develop a successful research career?

Praveen Mummaneni: Start early, plan with your mentors, apply for grants, write the papers, and execute the plan. Remember we can learn a great deal from listening to our patients. A well planned spine career is unbelievably rewarding.

John O’Toole: Congratulations on a great year as Chair and thank you for your ongoing service to the AANS/CNS Section on DSPN and spine surgery in general!

Praveen Mummaneni: Thank you John. It has been a wonderful experience. I would not trade working with our Executive Committee and the Scientific Program Committee for anything. They have been a great, hard working group, and I am so proud of what we have achieved together this year. The Section is in good hands with leaders like Jack Knightly coming on the scene. The future is bright.
Dear Section Colleague:

The AANS/CNS Washington Committee Coding and Reimbursement Committee (CRC) has recently undergone a restructuring to better communicate more effectively with the clinical sections. One aspect of this will be to provide quarterly updates on payor policy changes affecting us in Neurosurgery, as we all understand the impact of payor policies in our daily work of patient care. A patient’s access to beneficial medical care is frequently dictated by coverage decisions of insurance policies, and keeping up with the changing policies may help promote access to the beneficial high quality care we provide for our patients.

There are three quarterly updates that are presently available:

2015 Q1 | 2015 Q2 | 2015 Q3

We hope that you will share this information with other neurosurgeons. Please feel free to contact us at joseph.cheng@yale.edu if there are any questions or suggestions.

Thanks,

Joseph Cheng, MD, MS
Chair, AANS/CNS Washington Committee Coding and Reimbursement Committee (CRC)

Thomas O’Lynnger, MD
Fellow, Council of State Neurosurgical Societies

Charles A. Sansur, MD, MHSc
Vice-chair, CRC Payor Policy Coverage Committee

Dear Members,

As part of the Section for Disorders of Spine and Peripheral Nerves, we would like to keep our members updated with news related to upcoming peripheral nerve meetings, announcements, and topics of interest – this month, we are featuring (1) an interview with Dr. David Kline on his journey to sub specialization in peripheral nerve surgery, (2) a “Learning Corner,” and (3) updates for our members.

We hope the inclusion of this information will continue to facilitate communication among our members and other interested participants – and serve as a useful tool. We welcome your feedback, and member contributions of any news are appreciated. Please contact Line Jacques (line.jacques@ucsf.edu) and or Lynda Yang (ljyang@med.umich.edu) if you have any feedback, comments/questions or contributions.
Dr. David J. Kline Interview

David J Kline, MD, Emeritus Chair and Boyd Professor
Louisiana State University, Health Sciences Center - Neurosurgery, Retired

Interviewed by Cheerag Upadhyaya

What was your journey to sub-specialization within Neurosurgery – from thoracic spine surgery in dogs to nerve surgery in humans?

I was a second year resident in general surgery at the University of Michigan and had secured a residency in neurosurgery under Dr. Edgar Kahn and Dr. Richard Schneider when I was drafted into the United States Army Medical Corps. I learned that I was going to be assigned to Fort Riley Army Base in Kansas. I decided to call the person I would be replacing, who happened to be a dentist. I learned that the position would require little clinical work and I became worried about losing my clinical and surgical skills. For example, in those days, cardiac arrest could be treated with open cardiac massage and emergent tracheotomies were more commonly performed.

As I was interested in maintaining my clinical skills, I presented my concerns personally to the Army Medical Corps leadership in Washington, D.C. to determine if there was an option to be assigned to a location with more intense clinical work or add to my assignment at Fort Riley. I was disappointed in the response from Medical Corps leadership and so I immediately walked over to Walter Reed Army Medical Center.

At Walter Reed Medical Center, I patiently waited to discuss my situation with Lieutenant Colonel George J Hayes, Chief of Neurosurgical Service at Walter Reed Hospital. Upon entering the office, I found several X-Ray light boxes, Lt Col Hayes, a decorated general, and a dachshund on the exam room table. Lt Col Hayes pointed to a dachshund and asked what was wrong with the dog. I noted that the dachshund appeared to have paralysis of his rear legs. Lt Col Hayes then asked, “what do you think we should do about this?” I answered that I new little about dogs, but that I suspected a thoracic disc herniation. Lt Col Hayes then asked how we could go about confirming the diagnosis. At that time, I had a moment of insight and proposed a cisternal myelogram.

Lt Col Hayes then commented to the general, “now you’ve heard the same thing that I’ve recommended from a doctor from Michigan.” We then proceeded to obtain the myelogram, diagnosis a total myelographic block around T8, and proceeded to operate on the dachshund. Lt Col Hayes performed a slick thoracic discectomy and then asked me to close.

After we had completed the operation, Lt Col Hayes asked me if the owner of the dog owed me a favor. It turned out that the general was the head of Walter Reed Institute of Research. While I had not expressed interest in research and had fully intended to go into private practice upon completion of my residency, Lt Col Hayes liked the idea that I did not have any preconceived ideas. It was then that I explained the reason for my visit to Walter Reed. He offered to help facilitate a change in assignment, if I was willing to work in the laboratory.

Lt Col Hayes asked me to design a series of experiments on differences between species as he felt that animal research did not fully replicate in human trials. We ultimately published “A comparative study of response of species to peripheral nerve injury I – Crush and Repair and II – Severance and Primary Repair” in the Journal of Neurosurgery. We also published on the use of a resorbable collagen wrapper for peripheral nerve repair in chimpanzees. Research was also published about the effect of a then popular surgical adhesive on both nerves and the optic chiasm and the hypothalamic region of primates. The preliminary work on the use of compound nerve action potentials to evaluate operatively the most common serious nerve lesion that is one in continuity began at Walter Reed and was further developed at the University of Michigan and then at the Louisiana State University Medical Center.

In addition to this laboratory experience, I also was exposed to the Armed Forces Institute of Pathology histological studies of peripheral nerve injuries from WWII. Finally, there was less interest in peripheral nerve cases among some of the residents and consequently I was able to perform many of these cases.

Who were your early mentors in neurosurgery and nerve surgery? How did Dr. Edgar Kahn, Dr. Richard Schneider, and Dr. Elizabeth Crosby support you?

Dr. Kahn, Dr. Schneider, and Dr. Crosby were very supportive of my growing interest in peripheral nerve surgery. Dr. Crosby allowed me to work in laboratory and offered the assistance of her laboratory assistants. Dr. Kahn gave me free rein in pursuing my research interests as well as allowed me to spend time at the VA Hospital and at Wayne County General Hospital. Both Dr. Kahn and...
Dr. Schneider had served in WWII and had taken care of many peripheral nerve injuries. Consequently, they both were very supportive as I sought to perform many of the peripheral nerve cases.

I had many wonderful people who were supportive of me throughout the years: Brigadier General Robert Hardaway and many other general surgeons at Walter Reed Hospital. Many of these surgeons had been drafted around the time of the Berlin Wall Crisis after completing their training at Harvard University, Johns Hopkins, Stanford University, and the University of Minnesota. I had the opportunity to learn from them all. There were also many neuroanatomists from whom I learned much. Orthopedic surgeons who were also instrumental included Dr. George E. Omer, Jr, Dr. Morton Spinner, and Dr. Robert D. Leffert.

**What fostered your interest in nerve surgery as you progressed from faculty to Chairman at Louisiana State University?**

Dr. Isidore Cohn, Jr, Chairman of the Department of Surgery, had recruited Dr. Peter J. Jannetta to LSU as Chief of the Division of Neurosurgery. Dr. Jannetta, Dr. Cohn, and Dr. Richard Paddison, Head of Neurology, helped to recruit me to LSU. As an attending at LSU / Charity Hospital, I worked harder than I had as a resident.

I saw many people with horrible peripheral nerve injuries. When being robbed, people were made to lay face down and then were shot in the buttock or posterior thigh. Many of these people came to my clinic once my interest in peripheral nerve surgery became known. I kept a record of these patients and their outcomes. I was able to convince the orthopedic hand surgeons to obtain long term follow-up. Ultimately, I built up a library of histological slides of lesions and kept records of patients. This early database then yielded many research papers.

I had wonderful colleagues such as Dr. Earl Hackett. Dr. Hackett was a senior neurologist and a great electromyographer. I started a multi-disciplinary clinic at Charity Hospital, which was staffed by neurosurgery, orthopedic surgery, neurology, and physical therapists. These associations helped us accumulate a broad clinical experience with intraoperative compound nerve action potential (NAP) recordings for lesions in continuity including nerve tumors in a variety of settings.

**Was nerve surgery the domain of neurosurgeons?**

No. The WWII neurosurgeons as well as orthopedists like Dr. Herbert Seddon were very active and laid an important foundation for neurosurgery’s as well as orthopedic and eventually hand surgery’s involvement in peripheral nerve surgery. Furthermore, the Sunderland Society was the brainchild Dr. Morton Spinner and Dr. George Omer, Jr, both orthopedic surgeons. This was one of the first multidisciplinary societies and was established in the early 1970’s involving orthopedic surgeons, hand surgeons, plastic surgeons, neurosurgeons, and even general surgeons.

**What do you see as some of the most important accomplishments of the Peripheral Nerve Division of the Section for Disorders of the Spine and Peripheral Nerves?**

The Peripheral Nerve Division stimulated interest in nerve surgery and has helped to expand the number of nerve surgeons within neurosurgery.

**What do you see as the future of nerve surgery?**

While there has been a proliferation of basic science research on enhancing nerve regeneration, much of this has performed on rat/mouse models. Given the limitations of animal studies, these studies will have to be replicated in humans or in primates. There has been a gradual movement towards minimally invasive surgery in spine surgery and vascular surgery; and I suspect that there will be a medical treatment for brain tumors. While I am prejudiced, I believe there is something wonderfully elegant about exposing the brachial plexus and believe that there will always be a role in operative intervention in peripheral nerve surgery.

**What advice would you give to a young neurosurgeon?**

Regardless of one’s career direction, I advise patience, persistence, and perseverance. I have always been a very persistent individual and this quality served me well when I walked over to Lt Col Hayes office seeking a different opportunity after being drafted.

I have never felt that one must choose an academic career and have trained my residents to be proficient in both academia as well as private practice. However, those neurosurgeons interested in an academic career must be willing to concentrate their focus and make a mark on the field.

Finally, one must be willing to work in an interdisciplinary capacity. Seek to involve and incorporate others into both clinical programs and research programs.

Dr. Kline always reminded his trainees of a simple maxim, one that he followed throughout his career. I am paraphrasing, but it goes something like this: As neurosurgeons, we are very fortunate to be able to do what we do; we are fortunate to have this as our job. Because of that good luck, we have to give back.

I think Dr. Kline lived that, from how he mentored his medical students, residents, and fellows all the way through his selfless work after Hurricane Katrina in New Orleans. I hope I can inspire the same dedication and instill the same values into my trainees.

**John Ratliff, MD, FACS**

Vice Chair, Operations and Development
Co-Director, Division of Spine and Peripheral Nerve Surgery
Department of Neurosurgery
Stanford University Medical Center
Hand Weakness: 
Differentiating the Source

Wilson (Zack) Ray and Thomas J. Wilson

When patients present complaining of sensory changes in the ulnar side of the hand and hand clumsiness or weakness, the main neurologic differential diagnosis includes C8 radiculopathy, neurogenic thoracic outlet syndrome, and ulnar neuropathy (most commonly cubital tunnel syndrome). Complaints of decreased hand function or dexterity leading to difficulty with common daily activities such as dropping objects or difficulty opening jars are common to all three pathologies, but there are several distinguishing features for each clinical diagnosis.

C8 radiculopathy most commonly results from herniation of the C7-T1 disc. Sensory changes associated with C8 radiculopathy include the ulnar aspect of the hand including the fourth and fifth digits and extending proximally into the medial aspect of the forearm. As typical of radiculopathies, the distribution may not be sharply demarcated. Pain will typically originate in the neck and radiate into this distribution. Weakness will typically involve the intrinsic muscles of the hand, and finger/wrist flexors/extensors, most of which receive a contribution from C8. The exceptions are the flexor carpi radialis and extensor carpi radialis. Given that most intrinsic muscles of the hand are supplied by both C8 and T1, atrophy is absent.

In neurogenic thoracic outlet syndrome (TOS), there is compression of the C8/T1 nerve roots as they join to form the lower trunk. Anatomically, this junction occurs just superior to the first rib. The C8 and T1 nerve roots as they form the lower trunk are subject to compression from a fibrous band extending from the C7 transverse process which is typically enlarged or a cervical rib. The sensory changes associated with neurogenic TOS involve the ulnar side of the hand and medial forearm. Pain is not typically a prominent feature of neurogenic TOS. Weakness will be notable in the intrinsic muscles of the hand. Atrophy of both the thenar and hypothenar eminences is often present. Provocation with arm elevation and a Tinel sign at the supraclavicular fossa may or may not be present.

Ulnar neuropathy most commonly occurs as the ulnar nerve enters the cubital tunnel passing beneath Osborne’s ligament. The sensory changes involved in cubital tunnel syndrome are restricted to the ulnar part of the hand involving the fifth digit and splitting the fourth digit. Only rarely does the ulnar sensory distribution include regions proximal to the wrist. As typical of peripheral nerve pathologies, the sensory distribution is sharply demarcated. The ulnar nerve innervates most intrinsic muscles of the hand with the exception of the LOAF muscles (lumbricals 1 and 2, opponens pollicis, abductor pollicis brevis, and flexor pollicis brevis), three of which comprise the thenar eminence. Thus, the intrinsic muscles of the hand are often weak in ulnar neuropathy. Atrophy of the first dorsal interosseous muscle and the hypothenar eminence are common. Involvement of the dorsal cutaneous nerve helps differentiate compression at the elbow versus Guyon’s canal.

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Nerve Member Updates

1. The date and location for the Peripheral Nerve Division Business Meeting/Dinner, to be held during the 2016 AANS Annual Meeting, are Tuesday (05/03/2016) at 19:30 at the Francesca’s on Taylor-Chicago (Little Italy: http://www.miafrancesca.com/locations/profile/francescas-on-taylor-little-italy). It will take place in the Tuscan private room.

2. The 2016 Kline Lecture will be presented by Dr. Robert Spinner (Mayo Clinic) on May 3, 2016, during the 2016 AANS Annual Meeting in Chicago, IL. Title of the presentation TBD.

3. In April 2016, the officers of the Peripheral Nerve Division will change leadership – Dr. Holly Gilm er (Chair), Dr. Line Jacques (Chair-Elect), and Dr. Mark Mahan (Secretary/Treasurer).

4. The Kline Research Award will be offered again this year to support either basic or clinical research related to peripheral nerves with funding in the amount of $10,000. This research award provides a means of peer-review for research projects, and therefore, enhance competitiveness for potential National Institutes of Health (NIH) funding. Winner of the 2016 Kline Research Award will be announced at the 2016 DSPN meeting.

An awardee, Dr. Zarina Ali (laboratory of Dr. Eric Zager, University of Pennsylvania) will present a talk entitled “A “backdoor” surgical approach to repair nerve root avulsion injury in a piglet model” on Tuesday, May 3, 2016, during the 2016 AANS Annual Meeting in Chicago, IL.

5. The new Kline Top Abstract Award will be offered at the DSPN meeting. The awardee will be announced at the 2016 DSPN meeting, and the abstract will be a podium presentation.

6. The new Kline NREF Fund The new “honor your mentor” fund for Dr. David Kline is now live on the NREF website. If you would like to contribute to the fund please visit Kline NREF Fund website. Note that the Peripheral Nerve Division leadership controls the use of the NREF PN funds (including the Kline fund) for research or education, within the guidelines of the NREF.

7. Upcoming meetings (besides AANS and CNS meetings):

   Narakas Meeting
   Barcelona, Spain

   American Society for Peripheral Nerve (www.peripheralnerve.org)
   2017 Annual Meeting
   January 13-15, 2017
   Scottsdale, Arizona
   Martijn M Alessy (President), Lynda Yang (Scientific Program Chair)

   World Federation of Neurosurgical Societies (http://wfns2017.com/)
   2017 Meeting
   August 20-25, 2017
   Istanbul Turkey
   Contact Mariano Socolovsky (socolovsky@fibertel.com.ar)
   for peripheral nerve abstracts and program

We also had the 2nd annual Peripheral Nerve Dissection Course: “The Kline Legacy” in New Orleans Louisiana on January 30-31, 2016. The 3rd Annual Peripheral Nerve Course will be held on Saturday and Sunday, February 18-19, 2017.
DSPN Business Meeting
Revisions to DSPN Rules & Regulations

The DSPN Executive Committee has proposed a number of revisions to the Section’s Rules & Regulations document. These by-law modifications have been presented to, and ratified, by both the CNS Executive Committee and the AANS Board of Directors. They now require final approval by the DSPN general membership at the time of the Annual Business Meeting during the 2016 DSPN Annual Meeting. The changes are summarized below.

The DSPN Business Meeting will be tentatively held Friday, March 18, 2016 at 12:15 PM as part of the DSPN Annual Meeting

A more detailed review, with the individual changes to the specific bylaws sections highlighted, is available here. The entire Rules and Regulations of the Joint Section, current to July, 2015, is available here.

1. Addition to ARTICLE II of a “Mission Statement”.

2. To clarify/formalize the process for succession planning within the DSPN, specifically with respect to the inability of an EC member to fulfill their designated role during their term of commitment, an addition to ARTICLE IV (Officers & Executive Committee) of a new Section (Section 4.06 Vacancies) has been proposed.

3. Education Committee Addendum (Section 5.01): The current Rules and Regulations document does not specify the structure or term of the Education Committee. This committee is now proposed to have a chairperson serve a three-year term. Addition subcommittees can be created at the discretion of the Education Committee chairperson in conjunction with the Executive Committee.

4. Changes to the Nominating Committee structure, function and timing of activity:

A) Membership: In Section 5.02, Nominating Committee membership is proposed to now have five members (Section Chairperson, Chairperson-elect, immediate past-Chairperson and the previous two past-Chairpersons), increased from three (immediate past-Chairperson and the previous two past-Chairpersons).

B) Function: In Section 5.02, the Nominating Committee, in addition to selecting candidates for the officer positions, is proposed to now also provide nominations for the chairs of the standing committees to the Section Chairperson.

C) Timing of Officer Candidate Presentation: There was a discrepancy between “Section 4.05 Duties #8” and “Section 5.02 Nominating Committee” regarding the timing of Nominating Committee presentation of candidates for the officer positions (to occur at the AANS vs. CNS Annual Meetings, respectively). The proposed change would bring Section 4.05 in line with Section 5.02 so that presentation of candidates for the officer positions occurs at the CNS Annual Meeting.

D) Process for Officer Candidate Election: A discrepancy currently also exists between “Section 4.05 Duties #8” and “Section 5.02 Nominating Committee” regarding the process of officer candidate election. The proposed change would bring Section 5.02 in line with Section 4.05 to state that voting on the officer candidates will occur at the Joint Section Annual Business meeting and delete the current Section 5.02 stipulation for circulation of mail-in ballots for officer candidate selection to the full membership.

E) Nominating Committee Chairperson: It is proposed to add a description of the duties of the Immediate Past-Chairperson to “Section 4.05 Duties”, with an explicit statement that the Immediate Past-Chairperson be the chair of the Nominating Committee.

5. It is proposed to create a new standing committee, the Peripheral Nerve Task Force Standing Committee (formerly an ad hoc committee), with the longitudinal goal of promoting peripheral nerve surgery as a subspecialty within neurosurgery. As such, a new section (Section 5.08 Peripheral Nerve Task Force) has been added to ARTICLE V (Committees).

6. Ad Hoc Committees: Addition of an explicit statement about the formulation and dissolution of ad hoc committees has been added to Article V.

Prepared by:
W. Bradley Jacobs, MD, FRCSC
Chair, DSPN Rules & Regulations Committee