CURRENT TOPICS IN NEUROSURGERY 2017

Wednesday, April 12, 2017
5:00PM - 8:20PM

Albany Marriott
189 Wolf Road
Albany, NY 12205

Sponsored by Albany Medical College's Division of Neurosurgery and the Office of Continuing Medical Education
COURSE DESCRIPTION
The provider’s role in managing neurological conditions has become more complex. Primary treatment often includes the initial evaluation, development of an appropriate management plan and timely referral to a neurological specialist. It is imperative that the primary care provider collaborates with, and has open dialogue with, a variety of specialists. This conference will address the various approaches and services available for the assessment, management, and referral of patients with specific neurological conditions that may ultimately warrant neurosurgical intervention.

TARGET AUDIENCE
This course is designed for primary care physicians, neurologists, neurosurgeons, radiologists, physician assistants, nurse practitioners and nurses. Other interested health care providers are welcome to attend.

OBJECTIVES
Upon completion of the course, the participant should be able to:
• Identify different diagnoses for selected neurological complaints.
• Triage care specific to the neurologic presentation of the patient.
• Recognize the indications of specific neurological conditions that may require consultation and treatment by a neurosurgical specialist.
• Counsel patients on the interventional therapeutic options offered by AMC pain service.
• Recognize common spinal disorders and their treatment options.
• Discuss some of the treatment options and expected quality of life subsequent to a functional neurosurgical procedure.
• Recognize different diagnoses and surgical treatment options for the treatment of seizures.
• Describe various abnormalities and treatment options for patient with spinal disorders.
• Have a better appreciation of the scope of comprehensive neurosurgical care currently offered at AMC.
• Have any opportunity present and discuss the management of challenging cases in your own medical practice.

ACCREDITATION
Physician: The Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Albany Medical College designates this Live activity for a maximum of 2.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Physician Assistant: AAPA accepts Category I credit from AOACCME, Prescribed credit from AAFP, and AMA Category I CME credit for the PRA from organizations accredited by ACCME.

TUITION
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Tuition includes course registration, access to the on-line syllabus, a reception and buffet dinner.

Refunds are possible if cancellation of registration is received in writing by April 1.

CONFIRMATION
All registrants will receive a confirmation. If you register and do not receive a confirmation notice within one week of your registrations, please call the Office of Continuing Medical Education at (518) 262-5828 to be sure we have received your information.
ON-LINE SYLLABUS
Printed syllabus material will NOT be available at the conference. If syllabus material is available it will be available on-line prior to and after the conference. In order to receive access to the syllabus material you must provide your e-mail address on the registration form. You will receive access information via e-mail. If you do not receive access information please call (518) 262-5828.

PARKING
Parking is available at no charge at the Albany Marriott.

NEED INFORMATION?
For further information regarding this conference, contact the Office of Continuing Medical Education by phone @ (518) 262-5828, by fax @ (518) 262-5679 or e-mail at pricej@mail.amc.edu. For emergency calls during the conference, call the Marriott at (518) 458-8444.

Be sure to visit the Albany Medical Center website @ www.amc.edu.

SPECIAL NEEDS
Should you have disabilities, dietary restrictions or other requirements, please contact the Office of Continuing Medical Education at (518) 262-5828 by April 1, 2017 to discuss your needs.

ATTIRE
Because everyone has a different comfort level we suggest you dress in layers or bring a sweater.

DO YOU HAVE SPECIFIC QUESTIONS?
If you have questions regarding any of the scheduled topics, write them on a separate sheet of paper and enclose with the registration form. Our faculty will do their best to include the information in their talk.

AGENDA
5:00-5:45 PM  Registration and Reception
               Exhibit Hall Opens
5:45-6:00     Dinner
               CME Program Begins at 6:00 PM
               Welcome
               Drs. Boulos and Semenoff
6:00-6:20     Guest Speaker: Injection Therapies for Pain Management
               Sonya Bhullar, MD
6:20-6:40     Question/Answer Session
6:40-6:45     Break
6:45-7:30     Panel Discussion: Spinal Surgery - Is Less, More??
               Moderator - Darryl DiRisio, MD
               Panel: Drs. Alan Carl, John German, Vishad Sukul, and David Semenoff
7:30-7:40     Break
7:40-8:20     Panel Discussion: Seizure Management: Surgical Strategies
               Moderator - Tyler Kenning, MD
               Panel: Drs. Matthew Adamo, Alan Boulos and John Dalfino
8:20-8:45     General Discussion and Question and Answer Session

Audience participation is encouraged.

Please bring your difficult and/or problematic cases for presentation to our panels for group discussion.

Radiologic images for presentation can be submitted in electronic format (ie. Power Point Slide, JPG format, or PDF) and e-mailed to semenod@mail.amc.edu - no later than April 1 for presentation to our audience at the conference.
REGISTRATION FORM

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Registration deadline is April 7, 2017. Pre-registration is required.
(Please type or print clearly & register one person per form)

Name & Degree: ____________________________________________________________________
(As to appear on conference information - up to two degrees only)

CME Credit Tracking: ___________________-____________________-_____________________
Month of Birth                          Day of Birth                     First 4 Characters of First Name

Specialty: _______________________________________________________________________

Organization: ____________________________________________________________________

Office Address: __________________________________________________________________

City: _____________________________________________  State: ______  Zip: _____________

Office Phone: _____________________________   Office Fax: __________________________

Home Address: ___________________________________________________________________

City: _____________________________________________  State: ______  Zip: _____________

Home Phone: ____________________________________________________________________

E-mail Address: ___________________________________________________________________
(You must provide an e-mail address to gain access to the on-line syllabus)

PLEASE CHECK METHOD OF PAYMENT:

☐ My check for $_______, payable to Albany Medical College is enclosed.

☐ Please charge my credit card for the amount of $___________.

☐ MasterCard       ☐ Visa       ☐ American Express       ☐ Discover

Card Number: ___________________________   Expiration Date: _____/_____/_____

Name as it appears on credit card: _________________________________________________

Signature: _____________________________________________________________________

METHOD OF REGISTRATION: Fax or Mail
Fax: (518) 262-5679. Registrations accepted with credit card payment. Fax registrations
without credit card information will not be processed. This is a secure fax line.

Mail: Return this form with payment to:
Albany Medical College
Office of Continuing Medical Education
Neurosurgery Conference - Mail Code 1, J408
47 New Scotland Avenue
Albany, NY 12208-3479

OFFICE USE ONLY

Check #: _____________________________
B/P: _________________________________
Amount: ______________________________
Date Received: ________________________
C.C. Approval #: _____________________
Note: ________________________________
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Department of Neurosurgery

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Assistant Professor
Department of Neurosurgery

David L. Semenoff, MD
Associate Professor
Department of Neurosurgery
Register by April 1 and Save $$$$$$$$!

We use multiple mailing lists for our conferences. If you receive more than one brochure, kindly pass it on to a colleague.