

REGISTRATION FORM

TEXAS PAIN SOCIETY PAIN MANAGEMENT

PRE-CONFERENCE WORKSHOP FOR NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

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FRIDAY, OCTOBER 25, 2019 FROM 7:45AM – 11:30AM

HYATT REGENCY SAN ANTONIO RIVERWALK • 123 LOSOYA ST, SAN ANTONIO, TX 78205

| TIME | TOPIC | SPEAKER |
|-------------------|--|---|
| 7:45 AM | Welcome and Opening Remarks | |
| 8:00 AM – 8:20 AM | Physical Examination Pearls in for Pain Evaluation | Max Eckmann, MD |
| 8:30 AM | Supervision of Physician Extenders in the Pain Clinic | Kelley Pennell, DNP, MSN, APRN, ACNS-BC |
| 9:00 AM | Role of the advanced practice provider in private pain practice | Casey Grillo, NP |
| 9:30 AM | Break | |
| 10:00 AM | Common spine surgeries: indications and complications | Anna Kosmider, PA |
| 10:30 AM | SCS – patient selection, education and troubleshooting complications | Casey Grillo, NP |
| 11:00 AM | CDC Opiate Prescribing Guidelines – What they mean for your practice | Elliott Mandell |
| 11:30 AM | Closing Remarks & Adjourn | |

LEARNING OBJECTIVES

1. Explain the role of the advanced practice provider in private pain practice.
2. Discuss the supervision of physician extenders in the pain practice setting.
3. Utilize best practices in pain evaluation physical examinations.
4. Determine the ideal candidates for and the potential complications of common spine surgeries and spinal cord stimulators.
5. Analyze the current CDC opiate prescribing guidelines.

ACCREDITATION STATEMENT

The Texas Pain Society is accredited by the Texas Medical Association to provide continuing medical education for physicians. The Texas Pain Society designates this live activity for a maximum of 3 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course has been designated by the Texas Pain Society for 1 credit(s) of education in medical ethics and/or professional responsibility.

REGISTRANT INFO

Name: _____ Degree: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Email*: _____

**Please note meeting confirmations and certificates will be sent to this email address.*

(1) Workshop Registration\$100

TOTAL DUE \$ _____

PAYMENT INFORMATION

Check enclosed # _____

Credit Card: To pay with a credit card please register online at <http://www.texaspain.org/annual-meeting>

**SEND COMPLETED FORM AND PAYMENT TO:
TEXAS PAIN SOCIETY, PO BOX 201363, AUSTIN, TX 78720**