

The 27th Napa Pain Conference

ONLINE Aug. 14-15

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Identification of the Infrapatellar Branch of the Saphenous Nerve for Treatment Using a Peripheral Nerve Stimulator, a Technical Report

Denervation of the knee for the management of chronic pain is gaining significant attention. The infrapatellar branch of the saphenous (IPBS) is a common therapeutic target for the treatment of anterior knee pain. It is a nerve commonly injured during knee surgery and can also transmit nociceptive input from patients with non-surgical anterior knee pain of multiple etiologies. Unlike the genicular nerves of the knee which have fluoroscopically guided landmark based approaches, the IPBS has a more variable course. This technical report discusses the author's novel method of accurate identification for treatment using a hand held non-invasive peripheral stimulator.



Identification of the Infrapatellar Branch of the Saphenous Nerve for Treatment Using a Peripheral Nerve Stimulator, a Technical Report

LTC Brian McLean, MD Tripler Army Medical Center, Honolulu, HI.



Abstract

Abstract	Previously described treatment	New Treatment Location	Conclusion
<p>The infrapatellar branch of the saphenous is becoming a common therapeutic target for the diagnosis and treatment of anterior knee pain. It is a nerve commonly injured during knee surgeries resulting in neuroma formation and chronic neuropathic pain states, and can also transmit nociceptive input from patients with non-surgical anterior knee pain of multiple etiologies. After diagnosis of infrapatellar saphenous neuropathy, the nerve has been widely ablated using radiofrequency ablation, neurolytic solutions and most recently cryoablation using the hand held percutaneous device. Using a peripheral nerve stimulator to scan for the nerve along the previously described treatment line. Have been able to identify the exact position of the nerve and have been able to limit the treatment target area. This non-invasive identification technique has been previously described.</p>			<p>Quality outcomes for nonresectable pain palliation procedures require precise identification of the target nerve location. This non-invasive technique to identify the infrapatellar branch of the saphenous nerve is valid and expedient. So far we have used this treatment technique in 10 patients all with immediate response and pain relief after the cryoablation procedure presumably indicating accurate treatment of the infrapatellar branch of the saphenous nerve. Using this technique has decreased the overall treatment area as well as procedural time and we hypothesize that outcomes will be better given more targeted and overlapping treatments should more reliably identify the nerve.</p>
<p>Background Chronic non-surgical anterior knee pain is a major source of disability with limited long term treatment options after a patient has failed physical therapy. Many techniques have been suggested and tried to include oral medications, bracing, acupuncture, TENS therapy, massage, corticosteroid injections, viscosupplementation, physiotherapy, platelet rich plasma therapy and nerve ablation procedures (1). Each intervention has significant limitations and draw backs and variable outcomes in the patients that we manage with chronic non-surgical anterior knee pain who have failed physical therapy and other conservative modalities of pain management listed above, we need consider palliative neuroablative techniques. Initially we employed radiofrequency ablation to the genicular nerves and peripheral nerves of the knee. However due to complications regarding nerve resection and post procedural numbness, we have moved back to a form of diagnosis, cryoablation of the infrapatellar nerve block followed by cryoablation of the branch with the knee device. This procedure has been demonstrated to be effective in patients with symptoms of knee arthritis (2) and we also find it effective for patients with chronic non-specific anterior knee pain.</p>	<p>Technique In the procedural instructions for the knee device and in studies evaluating effectiveness, the recommended treatment location is a line drawn 5cm medial from the inferior pole of the patella and 10cm lateral (see image 1). The purpose of this recommendation is to target the procedure and encompass the variable course of the infrapatellar branch of the saphenous nerve. Authors of (4)(5) performed a cadaveric study to provide anatomic analysis and demonstrate the risk of nerve injury during knee surgery. Their analyses found 4 anatomical variations along a line between 15 and 40 mm from the medial pole of the patella with a fairly even distribution as to the variation in location of the infrapatellar branch. Kim et al also conducted a cadaveric study to determine the optimal stimulation and recording site for the infrapatellar branch of the saphenous nerve and tentatively found that there was variability in the location of the branch to the Saphenous muscle. Depending on the height of the patient, the line can span many centimeters, and in order to treat the entire line, it or more cycles of cryoablation needs to be performed. While multiple treatment sites may catch more terminal branches, our goal is to treat the IPBS specifically prior to branching and deliver all cryoablation at the target nerve to improve procedural outcomes and avoid burning of extraneous tissue.</p>	<p>References (1) Bodd EM, Pincus J, Treweek AM. Novel cryoanalgesia device for the treatment of sensory and motor peripheral neuropathy. <i>Expert Rev Med Devices</i> 2016;15:173-205. (2) Bellamy N, Buchanan WW, Goldsmith CH, Campbell J, Stitt LW. Validation Study of WOMAC: a health status questionnaire for measuring clinically important patient self-rated outcomes in arthritis drug therapy in patients with osteoarthritis of the hip or knee. <i>J Rheumatol</i> 1988;15:1833-40. (3) Fischbein AJ. Cryoanalgesia to treat the pain and symptoms of knee osteoarthritis: a multicenter, open-label, double-blind, sham-controlled trial. <i>Osteoarthritis and cartilage</i> 2017;25:1243-1250. (4) Thomas Adamsen, MD, Marika Van Daring, MD, William Tacke, MD, Chik-Asherman, MD, Peter Miller, MD, and Christoph Van Schuerbe Pölschen, MD. Anatomy of the Infrapatellar Branch in Relation to Skin Incisions and the Use of Tined Neurolytic Pen for Percutaneous Cryoablation. <i>Pain Physician</i> 2014; 17: E339-E348.</p>	
<p>Peripheral nerve identification technique</p>		<p>Acknowledgments The views expressed herein are those of the authors and do not reflect the official policy of RTI, the Department of the Army, the Department of Defense, or the U.S. Government. ARTICLE INFORMATION Published Online: May 19th, 2019 https://www.cerimh.com/article/18039-identification-of-the-infrapatellar-branch-of-the-saphenous-nerve-for-treatment-using-a-peripheral-nerve-stimulator-a-technical-report</p>	

Abstract Guide Due: June 21, 2020

Completed abstracts must be submitted via email in .pdf or Word format to Education@Neuroinnovations.com by 11:59 PM, PDT, Sunday, June 21, 2020.

Napa Pain Goes ONLINE

The best conference on the biggest stage



Coronavirus & COVID-19

Since the beginning of 2020, we've been monitoring the restrictions and research pertaining to the SARS-CoV-2 virus and COVID-19.

As the pandemic spread and social distancing became commonplace, we, like many others, recognized the need to adapt the Napa Pain Conference (NPC) to support public health and safety initiatives.

At this time, the situation is improving. Clinicians on the front lines are our heroes (like our own Meghan Damelio, NP who has temporarily returned to her home of New York to aid in the response effort). In California, it's anticipated that groups of up to 10 people might be permitted to assemble in May. By June or July it's expected that as many as 50 people may be permitted in close proximity to each other. The Napa Pain Conference anticipated over 550 attendees this year. But rather than giving up or postponing, we went back to the drawing board to deliver something amazing.

Innovation is at the heart of our company. We wondered if there was a way to create opportunity - whatever that may be - in the crisis. After all, Neurovations is "a patient care and innovation company." So we did what we do best and evaluated the landscape, scoured the world for the best partners, and determined how to provide leadership to the pain management community that we love.

For years, we've been working to expand access to the amazing content of the Napa Pain Conference as online material. This was planned as a series of crafted learning modules available each year following the conference. By 2022, we would simulcast NPC as we outgrow our venue.

Instead, the Napa Pain Conference will be streamed online in 2020. And, in response to the rash of canceled pain conferences from Australia to Amsterdam, and the ensuing need for education - **we're giving away access and CME credits to every clinician who registers and attends the August 15 broadcast.**

In order to do the most good for the most people, we need your help. Producing the highest quality online conference in pain medicine requires expertise and resources. We have the former, but are reliant upon exhibitors, sponsors and grants to achieve our goal. The more that you can support, the larger an audience we can deliver.

We've developed exciting ways to replicate the interactivity of a vendor hall, the means to distribute marketing materials, ongoing sponsorships that endure beyond the Conference, and podium time for a sponsor to present to the audience. Additionally, if there is anything that you don't see listed contact our office at Education@Neurovations.com to discuss exhibit and sponsorship opportunities. We're committed to making this program a success for everyone.

FIGHTING THE COVID-19 FIGHT

In an effort to address COVID-19 and support the clinical community, we began work on www.covid19CME.com in March to develop and distribute free CME resources to fight the growing health crisis. We would be deeply grateful if you can support this initiative in addition to your participation in the Napa Pain Conference.

"The prospect of mass gathering is negligible at best until we get to herd immunity and we get to a vaccine. So large-scale events that bring in hundreds, thousands, tens of thousands of strangers is not in the cards based on our guidelines and current expectations."

Gavin Newsom, Governor of California
April 14, 2020

About the Napa Pain Conference

Advancing pain medicine since 1990

As one of the earliest conferences in pain medicine, the Napa Pain Conference has provided unparalleled networking with leaders in clinical practice, research, and industry for decades.

GUIDING PRINCIPLES

The success of NPC is rooted in creating and serving a community devoted to:

- Diversity
- Equality
- Inclusion
- Collaboration
- Independence
- Unbiased information
- The strongest science

At Neurovations, we fundamentally believe in diversity and inclusion in our workforce, in our decision-making, and in how we care for patients. We celebrate all of our employees and believe this is critical for innovation and to achieve the best care for every patient. Our unwavering mission is to inspire hope and to contribute to the health and well-being of our patients and communities through integrated clinical practice, research, and education.



Eric J. Grigsby, MD, MBA founded the Napa Pain Conference in 1990 while also creating the UC Davis pain management program. Dr. Grigsby recognized the need for a conference where everyday practitioners could get together, build a community, and share stories, successes, and challenges in treating persons with chronic pain.

SUPPORTING Global Innovation

The Napa Pain Conference benefits the HealthRoots Foundation for Global Health, a 501(c)(3) corporation supporting health initiatives in low-resource communities around the world.

PRODUCED BY Neurovations Education

Neurovations Education designs national conferences in pain, neuroscience, the management of chronic conditions, and emerging medicine. We take pride in creating world-leading opportunities for learning, collaboration, and networking.



Scientific Poster Hall

Distributing the latest research



Medical providers continue to seek the latest breakthroughs and clinical strategies. Researchers continue innovating. We're working with our digital vendor and other pain societies to fill the void and deliver a poster hall of the highest caliber.

Abstracts

COLLECTED MAY 8 - JUNE 21

Share your research, clinical outcomes, quality improvement initiatives, practice improvements, or patient care strategies at one of the nation's oldest and most prestigious pain conferences.

NOTIFICATION: JULY 10

The outcome of each abstract review will be emailed to the primary author listed within the abstract by Friday, July 10, 2020.

Pictured: ePoster display with the summary and abstract

Event Summary

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LTC Brian Molsan, MD Tripler Army Medical Center, Honolulu, HI

Abstract

OBJECTIVE: The objective of this technical report is to describe a novel method of identifying the infrapatellar branch of the saphenous nerve (IPBS) for treatment using a hand held non-invasive peripheral stimulator. The IPBS is a common therapeutic target for the treatment of anterior knee pain. It is a nerve commonly injured nerve during knee surgery and can also transmit nociceptive input from patients with non-surgical anterior knee pain of multiple etiologies. Unlike the genicular nerves of the knee which have fluoroscopically guided landmark based approaches, the IPBS has a more variable course. This technical report discusses the author's novel method of accurate identification for treatment using a hand held non-invasive peripheral stimulator.

BACKGROUND: Denervation of the knee for the management of chronic pain is gaining significant attention. The infrapatellar branch of the saphenous (IPBS) is a common therapeutic target for the treatment of anterior knee pain. It is a nerve commonly injured nerve during knee surgery and can also transmit nociceptive input from patients with non-surgical anterior knee pain of multiple etiologies. Unlike the genicular nerves of the knee which have fluoroscopically guided landmark based approaches, the IPBS has a more variable course. This technical report discusses the author's novel method of accurate identification for treatment using a hand held non-invasive peripheral stimulator.

TECHNIQUE: The author describes a novel method of identifying the IPBS for treatment using a hand held non-invasive peripheral stimulator. The IPBS is a common therapeutic target for the treatment of anterior knee pain. It is a nerve commonly injured nerve during knee surgery and can also transmit nociceptive input from patients with non-surgical anterior knee pain of multiple etiologies. Unlike the genicular nerves of the knee which have fluoroscopically guided landmark based approaches, the IPBS has a more variable course. This technical report discusses the author's novel method of accurate identification for treatment using a hand held non-invasive peripheral stimulator.

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Posters will be viewable and searchable in the conference listing. Each selected work will be presented with a dedicated page that includes the ePoster, title, summary, and abstract.

We're working to include pre-recorded presentations by some authors. Stay tuned for additional information.

4

Preparing Your Abstract

Put your best foot forward



For uniformity, ease of review, and eventual presentation to learners, each abstract must follow this same format and contain each of the necessary components.

Send your abstracts in two (2) pages with the following sections.

Page 1

TITLE

What do you call this project?

- Be descriptive, concise, and avoid brand/trade names whenever possible.

SYNOPSIS

Limited to 100 words

- If selected as an ePoster, this will display alongside the poster.
- Don't worry about being redundant to information in the abstract, this high-level overview should summarize the project, results, and purpose.

AUTHORS

Who performed the work?

- If there is more than one author, provide a note identifying the Primary/Submitting author. This person must be able to answer questions, provide revisions, and communicate with organizers of the Napa Pain Conference.
- The Primary Author must register for, and attend the conference.
- Abstracts must include information for each author (**Name, Company, Position, Mailing Address, Phone Number, Email**), however contact information will not be published to attendees.

CATEGORIES

Select from the categories listed on page 7.

Preliminary Investigation Of A Novel Ultrahigh-Frequency Stimulation Paradigm At Dorsal Root Ganglion In Patients With Intractable Back Pain And/Or Leg Pain

Synopsis

High-frequency spinal cord stimulation (SCS) at 10 kHz could provide better efficacy at reducing back and leg pain than traditional SCS and does not produce paresthesia. We thus hypothesized that an implantable modality with ultra-high frequency pulses (UHF 500 kHz) at the DRG level may produce equal effects. We conducted the DRG study with IRB approval. The averaged baseline VAS was 6.4 ± 1.1 . The most significant pain reduction (VAS: 3.0 ± 1.1 , $p < 0.001$) occurred one day after stimulation and 4 cases showed pain reduction $>70\%$. The responsive duration (with reduction $>50\%$) was from 3 days to over 2 weeks. We still need evidence from double-blinded, randomized control studies to prove this hypothesis.

Authors

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Associate Professor, School of Medicine, China Medical University, Taichung, Taiwan

Category

Bioelectronic medicine, including neurostimulation

Disclosure

Nothing to disclose by any author.

DISCLOSURES

Work submitted for presentation must include an acknowledgment of funding sources of commercial nature, and/or consulting or holding of significant equity in a company that could be affected by the results of the study.

Even if indicated elsewhere in the abstract, the last sentence of the abstract should read "funded by..." and/or "equity in..."

If nothing to disclose, state "Nothing to disclose by any author(s)."

Disclosure of funding and/or relationships must not include company logos (text only).

Preparing Your Abstract

Follow the guidelines



Page 2

TITLE

Repeat the title.

PURPOSE

Answer the question:

- Why was this study/research performed?

METHODS

Answer the question:

- How has this problem been studied?

RESULTS

Answer the question:

- What was the outcome or data and statistical analysis?

DISCUSSION

Answer the question:

- What is the relevance to clinical practice or future research?

REFERENCES

References should use the styles below.

CITATIONS IN THE BODY OF THE PAPER

Cite each source in numerical order using superscript Arabic numerals (1, 2, 3...).

Example 1: A review of regulations has been complete by the WHO.¹⁵

Example 2: The data were as follows^{3,5}:

Example 3: As previously reported,^{11-14, 25}

Preliminary Investigation Of A Novel Ultrahigh-Frequency Stimulation Paradigm At Dorsal Root Ganglion In Patients With Intractable Back Pain And/Or Leg Pain

Purpose

High-frequency spinal cord stimulation (SCS) at 10 kHz could provide better efficacy at reducing back and leg pain than traditional SCS and does not produce paresthesia.⁴ Another high-frequency example in use is dorsal root ganglion (DRG) stimulation with pulsed radiofrequency paradigm (500 kHz), which exerts temporary analgesia. We thus hypothesized that an implantable modality with ultra-high frequency pulses (UHF) at the DRG level may produce equal effects.

Methods

We conducted the DRG study with IRB approval. Eligible patients with intractable back and/or leg pain (with average pain score VAS-ave >5) were included. Only one electrode was implanted and stimuli were sequentially increased but limited below 9 mA, 5-min in duration, and maximally three stimuli during 2 implantation days for safety concern. The lead was implanted for 2 days and was explanted before discharge. Feeling of paresthesia, leg motor function, pain scores, and analgesics medication were evaluated pre- and post-stimulation.

Results

Eleven eligible patients were enrolled and 8 cases (5 males) completed the study. Seven cases were diagnosed with failed back surgery syndrome. The averaged baseline VAS was 6.4±1.1. The most significant pain reduction (VAS: 3.0±1.1, p<0.001) occurred one day after stimulation and 4 cases showed pain reduction >70%. The responsive duration (with reduction >50%) was from 3 days to over 2 weeks. The analgesic medications (NSAID, opioid, and antiepileptics) were reduced but no statistical significance. No severe adverse events (SAE) was present. Most AEs were injection-induced local pain (about 30%) were mild and resolved before the end of study.

Discussion

This is a pilot and the first study to date demonstrating intermittent UHF pulsed at the DRG is safe, paresthesia-free, efficacious in attenuating back pain and leg pain, and can normalize functionality. Each stimulus produces temporary analgesia for days, implicating no continuous electrostimulation is necessary. These findings are compatible with our preclinical studies and worthy of developing next generation of a power-saving or battery-free DRG stimulation.

References

1. Kapural L, Yu C, Doust MW, et al. Comparison of 10-kHz High-Frequency and Traditional Low-Frequency Spinal Cord Stimulation for the Treatment of Chronic Back and Leg Pain: 24-Month Results From a Multicenter, Randomized, Controlled Pivotal Trial. *Neurosurgery*. Nov 2016;79(5):667-677.
2. Huang RY, Liao CC, Tsai SY, et al. Rapid and Delayed Effects of Pulsed Radiofrequency on Neuropathic Pain: Electrophysiological, Molecular, and Behavioral Evidence Supporting Long-Term Depression. *Pain Physician*. Feb 2017;20(2):E269-E283.

CITATIONS IN THE REFERENCE LIST

List references numerically in the order by which they were cited in the text.

Example 1: 1. Rainier S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreoathetosis. *Arch Neurol*. 2004;61(7):1025-1029.

Example 2: 2. Weiss R. The promise of precision prescriptions. *Washington Post*. June 24, 2000:A1. www.washingtonpost.com. Accessed October 10, 2001.

Sorting Your Content

Facilitating review & publication



The Program Committee is accepting original abstracts in the following categories. If your work doesn't fit within an established category, please submit it under "Miscellaneous" for review.

Categorization

- Quality Improvement (QI) initiatives undertaken at your institution that improved clinical care, service, cost or patient outcomes
- Advances in practice management, including implementation of EHR and transitioning to ICD-10
- Improving patient communications and/or adherence to treatment plans
- Clinical advancements in pain management
- Therapeutic options for acute or chronic pain
- Safe prescribing
- Cancer pain
- Targeted drug delivery
- Bioelectronic medicine, including neurostimulation
- Regenerative medicine
- Opioid use disorder and overdose treatment, including buprenorphine and naloxone
- Miscellaneous (doesn't fit within established categories)

Indicate your content category when submitting your abstract. This helps the Program Committee to assign your abstract to the most appropriate reviewers, and to construct unified and logical sessions at the conference.

If necessary, include a second category to ensure that your abstract is sent to the optimal combination of reviewers relevant to the content of your abstract. Not every abstract fits neatly into a single category and the identification of a secondary category might be helpful during the review and program construction process.

Submitting Your Abstract

Deadline: June 21



Submit via Email

Abstracts must be submitted electronically to: Education@Neuroventions.com

SUBJECT LINE

Title your subject line: "NPC27 Abstract: [Add your title]"

DUE DATE

Sunday, June 21, 2020 by 11:59 pm, PDT

FILE FORMATS

Adobe .pdf or Microsoft Word

INCLUDE

2 pages with all required fields

AUTHORIZATION

The submitting author verifies, by virtue of submitting the abstract, that all authors agree:

- to the submission of the abstract to the Napa Pain Conference
- that the abstract constitutes an original work
- that copyright permissions have been secured (as necessary) for included material
- the abstract includes valid, accurate, and balanced content

Submission of an abstract constitutes a commitment by the author(s) to present their work, if accepted.

A presenting author of each abstract must register for the Napa Pain Conference. Submission of an abstract does not automatically register you for the conference.

Expenses associated with the production and presentation of an abstract are the responsibility of the presenter. This includes the production of posters.

If selected, your presentation/poster is expected to reflect the contents of your abstract. Substantial deviation from the published abstract or failure to present may jeopardize acceptance for future abstracts.

Refine Your Abstract

Put your best foot forward



Concise and clear abstracts are graded more highly than long or disorganized ones. You have limited space, so make every word count. Misspellings and typographical errors reflect poorly upon your research.

Tips

PROOFREAD

Proofread your abstract to identify and correct any errors before submission. Avoid abbreviations. Type in sentence case.

FOLLOW THE INSTRUCTIONS

Part of the grading includes organization and clarity. Follow the instructions and guidelines to give your abstract the best chance during review and selection.

THINK “NEW”

Novel, innovative, or recent discoveries or improvements will be weighted higher. However, there is always a place for best practices with good outcomes.

“SHOW ME THE DATA”

Support your abstract with appropriate evidence.

Robustness of evidence and analysis is the most important factor for a well-received abstract.

If you have the information, make sure to include: sample size, significance, study/observation duration, follow-up.

Regardless of design or the central thesis of the abstract, ensure that there is sufficient evidence to support your conclusions. All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. Data/outcomes should be substantive and not just implied. When possible, comprehensive statistical analysis should be applied. Images and spectra should be of the highest quality.

Abstracts submitted without data, because investigations or analyses are incomplete, will be evaluated only on the basis of the information contained within the abstract.

General Information

For all abstracts



Considerations

There is no limit to the number of abstracts an author may submit for consideration. However, multiple submissions of the same or nearly the same abstract by the same author(s)/institution(s) is grounds for rejection of all submitted abstracts from the submitting parties.

A presenting author of each abstract must register for the Napa Pain Conference. Submission of an abstract does not automatically register you for the conference.

Abstracts submitted to, or presented at, other societies or national meetings may only be submitted for consideration if:

- The prior submission is not currently under review by the other organization;
- You have retained copyright authority vs. transferring copyright to the previous entity; and
- You disclose prior publication as part of the abstract, as this must be considered in scoring abstracts.

All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All submissions must be HIPAA-compliant. Patient confidentiality must be protected. No names, hospital ID numbers or any other identifying information can appear in your work.

All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to generally accepted standards of experimental design, data collection and analysis.

A person who is employed by a "commercial interest" (defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) cannot speak if the content relates to the business lines and products of its employer. However, industry employees are encouraged to submit "poster-only" abstracts. Posters are not part of the CME-certified content and are a great way to convey the latest research and developments.

A presenter is not to receive financial support in conjunction with their presentation(s), except from their employer.

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Reviewer scores and comments are confidential and will not be made available to anyone (including authors) outside of the immediate review process.

Bias in favor of a particular product or company is grounds for rejection. Use of a particular company's products or equipment in itself does not represent bias. Likewise, research involving a single method, drug, or device would not constitute bias if it conforms to best practices of study design and analysis. Non data-driven statements of superiority, however, would be considered biased.