

## COMPLEX SPINE IOM DOCUMENTATION FORM

Eligibility for the CNIM Micro-credential in Complex Spine can be either procedure or modality dependent. The following are examples of surgical procedure-based operations that are considered “Complex Spine” and advanced modalities used in complex spine surgical procedures as well. Note that to be considered a “complex spine” procedure, **either** the procedure would qualify as requiring a high caliber of monitoring and significant risk to the spinal cord/cauda equina and/or the modalities utilized for monitoring the procedure would be from the list below.

Procedure	Modalities
Intradural Tumor Resection (intra and extramedullary)	D-wave
Extradural/Vertebral Tumor Resection	Descending Neurogenic Evoked Potentials
Spinal Cord Mapping	Bulbocavernosus Reflex Monitoring
Adult Deformity Correction	Spinal WADA
Pediatric Deformity Correction	SSEP Collision Study
Tethered Cord Release	Dermatomal SSEP
Vertebral Column Resection	Saphenous Nerve SSEP
Pedicle Subtraction Osteotomy	Pudendal SSEP
Selective Dorsal Rhizotomy	Dorsal Column Mapping
Unstable high cervical fracture	
High grade (4 or 5) spondylolisthesis	

***Fill out the form completely. Indicate hospital name and phone number of OR scheduling office or hospital office for verification of cases. You only need to write information down once. If more than one hospital, indicate as hospital #1, #2, etc. Candidate must be primary and an active participant in the set-up and monitoring of each case. ABRET will accept up to two cases per day. Cases must be conducted within the last 5 years with a minimum of 10% completed within 24 months of application.***

**NAME of TECHNOLOGIST:**

NO	DATE Of PROCEDURE	HOSPITAL NAME/ PHONE NUMBER (Complete Name)	PRIMARY SURGEON (Full Name)	SURGICAL PROCEDURE & INDICATION FOR SURGERY (Standard Terminology)	TIME IN/ OUT OF ROOM	MODALITY (IES) MONITORED
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NAME of TECHNOLOGIST:

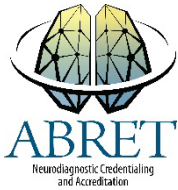
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*I certify that the information provided is true and accurate on all pages to be submitted. Submit the completed form with your application. Random auditing will be conducted by ABRET.*

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*\*Signature of Medical Director or Supervisor    Date*

\_\_\_\_\_  
*Print Medical Director/Supervisor Name      Phone#                      Email*

*\*Supervisor is expected to be in authority over candidate and able to verify submitted Complex Spine IOMs*