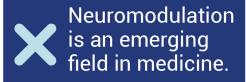


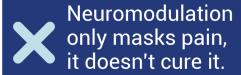
NEUROMODULATION

MYTHS VS FACTS



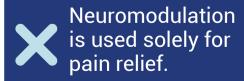


Neuromodulation has existed since the 1960s and has evolved with new devices and updates each year.



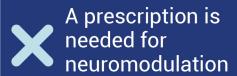


Neuromodulation blocks pain signals, effectively "masking" pain. Over time, it can help restore normal pain-inhibition pathways damaged by chronic pain.





Neuromodulation treats pain, Parkinson's disease, movement disorders, mental health issues, epilepsy, and more.





Many external neuromodulation devices can be bought without a prescription, but implanted devices require clinician approval and prior authorization.





The FDA classifies devices into 3 categories. Only category III devices, requiring surgery or implantation, need premarket approval and proof of safety and effectiveness.

Spinal cord stimulators (SCS) are for spine pain only.



SCS is used for nerve-related pain, including complex regional pain syndrome and post-amputation pain, with types like combination, high-frequency, and burst SCS.





Neuromodulation includes peripheral nerve, dorsal root ganglion, and intrathecal stimulation, with some types requiring surgery.