

MYTHS VS FACTS

 Neuromodulation is an emerging field in medicine.	 Neuromodulation has existed since the 1960s and has evolved with new devices and updates each year.
 Neuromodulation only masks pain, it doesn't cure it.	 Neuromodulation blocks pain signals, effectively "masking" pain. Over time, it can help restore normal pain-inhibition pathways damaged by chronic pain.
 Neuromodulation is used solely for pain relief.	 Neuromodulation treats pain, Parkinson's disease, movement disorders, mental health issues, epilepsy, and more.
 A prescription is needed for neuromodulation	 Many external neuromodulation devices can be bought without a prescription, but implanted devices require clinician approval and prior authorization.
 All medical devices follow the same FDA approval process.	 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.
 SCS is the only implanted pain relief option.	 Neuromodulation includes peripheral nerve, dorsal root ganglion, and intrathecal stimulation, with some types requiring surgery.