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Attorneys for Plaintiffs

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

\*\*\*\*\*

MAGARET E. DEBAUN, Individually as  
Mother and Heir, and as Special Administrator  
for the Estate of ANDREA DEBAUN  
DUNCAN, deceased; and JOHN P. DEBAUN,  
Individually as Father and Heir of ANDREA  
DEBAUN DUNCAN,

Plaintiffs,

vs.

KEVIN RAY BUCKWALTER, M.D.; KEVIN  
BUCKWALTER, M.D., LTD., a Nevada  
Corporation; and DOES I through X, inclusive,

Defendants.

Case No.:

09 A 5 88784 -C

Dept. No.:

Arbitration Exemption Requested:  
Medical Negligence Pursuant to  
NRS 41.A *et seq.*

**COMPLAINT**

1 Plaintiffs, MARGARET E. DEBAUN, individually as Mother and Heir, and as Special  
2 Administrator for the Estate of ANDREA DEBAUN DUNCAN, deceased, and JOHN P. DEBAUN,  
3 individually as Father and Heir of ANDREA DEBAUN DUNCAN, by and through their attorneys,  
4 Peter C. Wetherall, Esq., of White & Wetherall, LLP and Kay L. Van Wey, Esq., of Van Wey &  
5 Johnson, LLP, hereby aver and allege in support of their Complaint against Defendants as follows:

6 **JURISDICTION AND VENUE**

7 1. At all relevant times, Plaintiff MARGARET E. DEBAUN (Margaret Debaun) was an  
8 adult, competent resident of Clark County, Nevada, and the natural mother of ANDREA DEBAUN  
9 DUNCAN, Deceased (Andrea Duncan). She sues in her individual capacity as an heir, and as  
10 Special Administrator of the Estate of ANDREA DUNCAN (appointment pending).

11 2. At all relevant times, Plaintiff JOHN P. DEBAUN (John Debaun) was an adult,  
12 competent resident of Clark County, Nevada, and the natural father of Decedent ANDREA  
13 DEBAUN DUNCAN. He sues in his individual capacity as an heir.

14 3. At all relevant times, Defendant Kevin Ray Buckwalter, M.D. (Buckwalter) was a  
15 Nevada-licensed provider of health care as defined by NRS 41A.013 and NRS 41A.017, who  
16 conducted business as Kevin Buckwalter, M.D., Ltd., and practiced medicine in Clark County,  
17 Nevada, and held himself out as a competent physician. Kevin Buckwalter, M.D., Ltd. is a domestic  
18 professional corporation incorporated in the State of Nevada.

19 4. At all relevant times, Defendant DOES 1-10 were persons, corporations,  
20 partnerships, physicians, nurses, or health insurance entities whose negligence (and/or medical  
21 malpractice) contributed to causing injury and suffering to Plaintiffs' Decedent, by acquiescing or  
22 participating in the tortious acts described herein with constructive or actual knowledge of the harm  
23 being done to Plaintiffs' Decedent, by aiding and abetting Dr. Buckwalter's improper prescribing to  
24 Plaintiffs' Decedent, by negligently filling Dr. Buckwalter's prescriptions for Plaintiffs' Decedent,

1 by negligently directing Plaintiffs' Decedent to treat with Dr. Buckwalter as a condition of payment  
2 of health insurance benefits, or whose relationship to the other Defendants makes them liable under  
3 an agency or respondeat superior theory, but whose identities are as yet unknown. Plaintiffs shall  
4 seek leave to amend the Complaint upon identification of said DOES 1 - 10.

5 5. Each and every act which gives rise to this Complaint occurred in Clark County,  
6 Nevada.

7 **STATEMENT OF FACTS**

8 6. Andrea was the only child of Clark County residents, John and Margaret DeBaun.  
9 Andrea was born in New York City and was raised there and later in Orlando, Florida. In February,  
10 2000, when Andrea was 20 years old, the DeBaun family moved to Las Vegas. Tragically, when  
11 Andrea was 21, she was involved in a motor vehicle collision in which she sustained a traumatic  
12 brain injury and fractured vertebrae. She slowly rehabilitated from the physical injuries, but was left  
13 with a permanent deficit in her cognitive function and impaired judgment.

14 7. In September 2004, she married Clint Duncan, who was a patient of Dr. Kevin  
15 Buckwalter. Dr. Buckwalter prescribed massive amounts of controlled substances to Clint Duncan  
16 which led to his addiction and downward spiral. Ultimately, Clint Duncan overdosed on the  
17 controlled substances which Dr. Buckwalter routinely prescribed.

18 8. On November 22, 2004, Andrea Duncan began seeing Kevin Ray Buckwalter, M.D.  
19 with complaints of a closed head injury and fractured thoracic vertebrae. On the first visit, Dr.  
20 Buckwalter did not perform a physical exam, did not obtain any x-rays or review prior x-rays and  
21 only obtained very sketchy information regarding her prior medical conditions, injuries and prior  
22 treatment. According to Dr. Buckwalter, he did not have time. Dr. Buckwalter's diagnosis included  
23 depression, post traumatic stress disorder, and chronic back pain. Dr. Buckwalter's initial plan of  
24 treatment included increasing Andrea Duncan's current dosage of Xanax and prescribing Percocet.

1 Dr. Buckwalter knew that Andrea had been treated by Dr. Thomas, a Las Vegas orthopedic  
2 specialist, and that she was still under his care at the time she also sought treatment from Dr.  
3 Buckwalter for her back pain. Dr. Buckwalter never bothered to find out whether Andrea was also  
4 receiving pain medicine from Dr. Thomas. Dr. Buckwalter did not obtain copies of her prior  
5 medical records, including those of Dr. Thomas, and Dr. Buckwalter did not communicate or  
6 coordinate with Dr. Thomas about the care of their now shared patient, Andrea Duncan. Doing so  
7 would have certainly been in the best interest of patient safety and would have undoubtedly revealed  
8 critical information that would have led a reasonable and prudent family practice doctor to decline  
9 prescribing the types and amounts of controlled substances he provided to Andrea. Dr. Buckwalter  
10 did elicit from her medical history that she was taking Ultram and Xanax at the time she presented  
11 for her initial office visit, but he did not find out who prescribed the medication, how long she had  
12 been taking it or what the dosages were. Despite the fact that Andrea Duncan was already being  
13 treated by a back specialist, and despite the fact that Dr. Buckwalter was less qualified, had less  
14 training and experience in treating orthopedic injuries, Dr. Buckwalter never took the time to  
15 understand the complex nature of Andrea's medical history. Dr. Buckwalter did not care to provide  
16 proper medical care for Andrea's legitimate medical needs. Instead, Dr. Buckwalter rather blindly  
17 prescribed large quantities and combinations of controlled substances which eventually culminated  
18 in Andrea Duncan's accidental overdose and death.

19 9. Dr. Buckwalter was aware that Andrea Duncan had suffered a traumatic brain injury  
20 and had noted in his records "temporal lobe severe." Dr. Buckwalter also noted that Andrea had  
21 talked about the Nevada Brain Injury Recovery Program, but he didn't get any details from her,  
22 including at a bare minimum whether she had been a patient there. Dr. Buckwalter had only treated  
23 a few patients with head injuries in his entire medical career, and of those he had treated, he  
24 observed that they had a difficult time with medication. Despite this knowledge, and despite the

1 fact that even to an untrained observer Andrea Duncan lacked the cognitive function and judgment  
2 which would be expected of a person her age, Dr. Buckwalter elected to prescribe her massive  
3 amounts of potentially dangerous controlled substances, including, but not limited to: Xanax,  
4 Ultram, Percocet, Flexeril, Lortab and other drugs containing Morphine, Oxycodone and  
5 Hydrocodone. She routinely got 150-250 tablets per month and by June 2005, Dr. Buckwalter was  
6 prescribing 300 tablets per month. By July of 2005, Andrea's chief complaint was "seizure very  
7 bad." This didn't deter Dr. Buckwalter from continuing to prescribe drugs, which any reasonable  
8 physician would realize could have been causing her to have potentially life threatening seizures.  
9 Nowhere in Dr. Buckwalter's medical records does there appear any medical justification for  
10 prescribing the types, amounts, and dosages of the controlled substances he indiscriminately handed  
11 her. Nor does there appear to be any regard given to the readily apparent mental disability of  
12 Andrea Duncan, which left her with severely impaired judgment and made her vulnerable to persons  
13 such as Dr. Buckwalter who did not appear to have her best interest at heart.

14 10. Andrea was found unconscious, having ingested the drugs Dr. Buckwalter gave her.  
15 She was rushed to the hospital and later to a Hospice. She died at the age of 26 from complications  
16 of benzodiazepine and opiate intoxication.

17 11. Dr. Buckwalter never went to see Andrea in the hospital, even though he had hospital  
18 privileges to do so. Dr. Buckwalter's partner who did rounds for him at the hospital also didn't go  
19 see Andrea in the hospital because she was not believed to have any insurance coverage at the time.

20 12. The tragic circumstances leading to Andrea Duncan's death were part of a pattern  
21 and practice of Dr. Buckwalter which involved the unnecessary and inappropriate prescription of  
22 controlled substances.

23 13. Dr. Buckwalter described his practice as basically that of common diseases, ranging  
24 from diabetes to the common cold, flus and small injuries. Despite having no known training in the

1 medical specialty of pain management, Dr. Buckwalter treated numerous patients, including Andrea  
2 Duncan with large quantities and combinations of controlled substances. In many cases, Dr.  
3 Buckwalter did not adequately assess the patient's legitimate medical need for the controlled  
4 substance, the potential toxic interaction of the drugs he prescribed or the effect of the long term  
5 prescription of the controlled substances on the patient. Tragically, several of Dr. Buckwalter's  
6 patients unintentionally overdosed and died as a result of his reckless provision of the potentially  
7 lethal drugs.

8 14. Dr. Buckwalter routinely failed to maintain adequate medical records of his patients  
9 and willfully destroyed and altered the scant medical records he did maintain, thereby concealing his  
10 negligence from his patients and those who might endeavor to stop his dangerous prescribing  
11 practices. By way of example, Dr. Buckwalter's practice was to not keep a record of the individual  
12 prescriptions he wrote for his patients, because according to him, he had a routine about the amount  
13 of medications that he wrote.

14 15. Dr. Buckwalter contributed to the growing epidemic of prescription drug abuse in  
15 this country. Dr. Buckwalter knew that many of the patients who he provided controlled substances  
16 to were suffering from emotional problems, prior or ongoing addiction problems, and in some cases  
17 that they lacked the judgment to make decisions about what was in their own best interest. These  
18 patients relied on Dr. Buckwalter to uphold his Hippocratic oath of "Physician Do No Harm." In  
19 sum, they trusted him. Rather than trying to heal his patients, Dr. Buckwalter became little more  
20 than a drug dealer in a white lab coat.

21 16. In November of 2005, John and Margaret DeBaun filed a complaint against Dr.  
22 Buckwalter with the Nevada State Medical Examiner's Board. The Board told them there was no  
23 evidence of wrongdoing, which the DeBaun's relied upon to their detriment. It is now believed that  
24 the records which Dr. Buckwalter provided to the Board and ostensibly the records upon which they

1 based their conclusion were falsified by Dr. Buckwalter in order to conceal his wrongdoing. For  
2 example, in January 2005 (after Andrea's death and after the DeBaun's complaint to the medical  
3 board), Dr. Buckwalter made an "addendum" in the records stated the he had discussed with Andrea  
4 the importance of using the medications correctly, and how dangerous they can be if they are not  
5 used correctly.

6 17. Andrea Duncan left behind her mother and father who comprise the plaintiffs in this  
7 case.

### 8 FIRST CAUSE OF ACTION

#### 9 MEDICAL NEGLIGENCE/WRONGFUL DEATH AGAINST DEFENDANTS KEVIN RAY 10 BUCKWALTER, M.D. and KEVIN BUCKWALTER, M.D., LTD.

11 18. Plaintiffs repeat, re-allege and hereby incorporate each and every allegation  
12 contained in the previous paragraphs as though fully set forth herein.

13 19. A physician/patient relationship was formed between Andrea Duncan, deceased, and  
14 Defendants Kevin Buckwalter, M.D., Individually and d/b/a Kevin Buckwalter, M.D., Ltd., by  
15 virtue of medical treatment rendered to Andrea Duncan. It was the duty of Defendant Buckwalter to  
16 exercise that degree of care and skill in providing medical care to Andrea Duncan as is ordinarily  
17 exercised by reasonably skilled practitioners of the medical arts and sciences under the same or  
18 similar circumstances. Defendant Buckwalter negligently and carelessly committed one or more  
19 wrongful acts and omissions. Plaintiffs would show that at the times and on the occasions  
20 complained of, Defendant Buckwalter was negligent, and such negligence proximately caused  
21 damages and injuries to Decedent, Andrea Duncan in the following particulars:

- 22 A. Failing to properly evaluate, assess, diagnose and treat Decedent Andrea  
23 Duncan's individual medical conditions;  
24 B. Prescribing unnecessary or inappropriate medications;  
C. Failing to keep adequate records of the medications prescribed;

- D. Prescribing controlled substances without a valid medical purpose;
- E. Failing to provide critical information about the risks and hazards inherent in the prescriptions, which could have influenced a reasonable person in making a decision about whether to take such medication;
- F. Failing to adequately assess Andrea Duncan's complaints;
- G. Failing to appropriately treat the signs and symptoms of Andrea Duncan associated with the risks and hazards of taking the prescription drugs;
- H. Failing to act as a reasonable and prudent physician would have under the same or similar circumstances; and
- I. Failing to comply with the applicable standard of care as it related to the care and treatment of Andrea Duncan.

20. Each of these acts and omissions, singularly or in combination with others, constitute negligence which proximately caused the occurrences made the basis of Plaintiffs' wrongful death action and the injuries and damages to Andrea Duncan.

21. At all relevant times, Dr. Buckwalter owed a duty of reasonable and prudent care to Andrea Duncan. That duty included, but was not limited to the addressing of all urgent and potentially life-threatening conditions at the time of presentation of those symptoms and complaints.

22. As confirmed by the Declaration of Plaintiffs' expert, Andrea M. Trescot, M.D., attached as Exhibit 1 hereto (incorporated by reference as though fully set forth herein), Defendant Buckwalter, breached the requisite standard of care by failing to take an adequate history, failing to keep adequate records of the medications prescribed, failing to acknowledge and properly treat Andrea Duncan's complaints, failing to perform an adequate physical exam, failing to monitor the effects of the medications prescribed, and failing to tailor the medications for the individual patient, all in violation of the reasonable standard of care.

23. It was highly foreseeable that the prescription of a massive amount of controlled substances could lead to addiction, acute toxicity, and death. Dr. Buckwalter's acts and omissions



1 were a blatant disregard for the safety of his patient. Had Dr. Buckwalter followed the standard of  
2 care set out above, in all medical probability Andrea Duncan would not have died.

3 24. Upon information and belief Dr. Buckwalter has concealed his acts and omissions  
4 through failing to maintain accurate and complete medical records relating to prescribing controlled  
5 substances for his patients, making incomplete notations in the patient's medical records regarding  
6 their care and treatment, and alteration of patient records.

7 25. Further, Dr. Buckwalter's prescribing of controlled substances deviated from the  
8 guidelines set forth in the Model Guidelines for the Use of Controlled Substances for the Treatment  
9 of Pain. Dr. Buckwalter violated NAC 630.040, which defines malpractice as "the failure of a  
10 physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under  
11 similar circumstances." Dr. Buckwalter violated 630.3062(1), the "failure to maintain timely,  
12 legible, accurate and complete medical records relating to the diagnosis, treatment and care of a  
13 patient." Upon information and belief Dr. Buckwalter violated NAC 630.230(1)(l), which is to  
14 "engage in the practice of writing prescriptions for controlled substances to treat acute pain or  
15 chronic pain in a manner that deviates from the guidelines set forth in the Model Guidelines for the  
16 Use of Controlled Substances for the Treatment of Pain."

17 26. As a direct and proximate result of Defendant Buckwalter's medical  
18 negligence/malpractice as herein alleged, Andrea Duncan was caused to incur severe and irreparable  
19 pain, injury, and prolonged suffering, resulting in her past medical expenses, conscious pain and  
20 suffering, loss of quality of life, and subsequent death.

21 27. Plaintiffs Margaret E. Debaun and John P. Debaun are entitled as heirs of Decedent  
22 Andrea Duncan to the following damages: mental anguish damages for their grief and sorrow,  
23 companionship, society, comfort and consortium of the decedent in an amount in excess of  
24 \$10,000.00 each.

28. Plaintiff Margaret E. Debaun, in her capacity as Special Administrator for the Estate of Barbara Andrea Duncan, is entitled to the following damages: medical expenses which the decedent incurred or sustained before her death, funeral and burial expenses; and any penalties, including, but not limited to, exemplary or punitive damages, that the decedent would have recovered if she had lived, in an amount in excess of \$10,000.00.

## **SECOND CAUSE OF ACTION**

### **DECEPTIVE TRADE PRACTICE – PER NRS 598/NRS 41.600**

29. Plaintiffs repeat, re-allege and hereby incorporate each and every allegation contained in the previous paragraphs as though fully set forth herein.

30. At all relevant times, Defendant Kevin Buckwalter, M.D. owned and operated a medical clinic and purported to provide general medical care to his patients. Dr. Buckwalter held himself out to the public as being dedicated to patient needs, providing proper medical care, and being one of the area's top family doctors with award winning attention to family care. Further, Dr. Buckwalter attributed his self proclaimed success to his commitment to proper health care and real world experience in providing the best health care possible for his patients. Dr. Buckwalter's patterns and practices regarding the medical care (and lack thereof) provided to his patients did not remotely correlate with the practices and reputation he purported to maintain.

31. Upon information and belief Defendant Buckwalter routinely engaged in the practice of writing prescriptions for controlled substances to patients without properly performing physical examinations of the patients, without obtaining a complete patient medical history, without maintaining accurate and complete medical records pertaining to his patient's complaints, diagnosis, treatment, and/or prescribing of controlled substances to his patients. Further, Dr. Buckwalter failed to properly monitor the amounts prescribed and/or use of controlled substances by his patients. The foregoing acts of Defendant in knowingly engaging in practices and procedures at his medical clinic

1 which involved the prescribing of controlled substances to patients who did not possess a legitimate  
2 medical need for the substances and prescribing excessive doses of narcotics, and which created a  
3 foreseeable risk of overdose, life threatening medical risks and hazards, and/or death constitute  
4 malpractice, fraudulent concealment, and violations of the Deceptive Trade Practices Act.  
5 Eventually, as a result of the frequency of Defendant Buckwalter's substandard practices and  
6 procedures, the Nevada State Board of Medical Examiners and Nevada State Board of Pharmacy  
7 suspended the controlled substances privileges and controlled substances registration of Defendant  
8 Buckwalter.

9 32. The foregoing acts of Defendant Buckwalter constitute violations of Nevada's  
10 Deceptive Trade Practices Act, as codified in NRS Chapter 598, in that Defendants:

- 11 A. Knowingly made a false representation as to the characteristics, ingredients,  
12 uses, benefits, alterations or quantities of goods or services for sale or lease  
[NRS 598.0915(5)];
- 13 B. Represented that goods or services for sale or lease were of a particular  
14 standard, quality or grade, or that such goods were of a particular style or  
15 model, where they knew or should have known that they were of another  
16 standard, quality, grade, style or model [NRS 598.0915(7)];
- 17 C. Knowingly made other false representations in a transaction affecting  
18 Plaintiff Andrea Duncan [NRS 598.0915(15)];
- 19 D. Failed to disclose a material fact in connection with the sale or lease of goods  
20 or services [NRS 598.0923(2)].

21 33. As a direct and proximate result of Defendant's violation of Nevada's Deceptive  
22 Trade Practices Act as herein alleged, Plaintiffs suffered injury and damages to her heirs and Estate  
23 in an amount in excess of \$10,000.00 each.

24 34. Defendant's acts as described herein constitute oppression, fraud or malice (express  
or implied) as those terms are defined in NRS 42.005, warranting the imposition of punitive  
damages upon them as permitted under NRS 598.0977, for the sake of example and by way of  
punishing the Defendant.

**THIRD CAUSE OF ACTION**

**FRAUDULENT CONCEALMENT**  
**TOLLING OF LIMITATION - PER NRS 41A.097(3)**

35. Plaintiffs repeat, re-allege and hereby incorporate each and every allegation contained in the previous paragraphs as though fully set forth herein.

36. Upon information and belief Dr. Buckwalter has concealed his acts and omissions through failing to maintain accurate and complete medical records relating to prescribing controlled substances for his patients, incomplete notations in the patient's medical records regarding their care and treatment, and alteration of patient records. Further, according to the investigations and rulings of the Nevada State Board of Medical Examiners, Dr. Buckwalter's controlled substances privileges were suspended as a result of Dr. Buckwalter's practices in prescribing of controlled substances which deviated from the guidelines set forth in the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain. Dr. Buckwalter violated NAC 630.040, which defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances." Dr. Buckwalter violated 630.3062(1), the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient." Upon information and belief Dr. Buckwalter violated NAC 630.230(1)(1), which is to "engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the guidelines set forth in the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain."

37. As confirmed by the Declaration of Plaintiffs' expert, Andrea M. Trescot, M.D., attached as Exhibit 1 hereto (incorporated by reference as though fully set forth herein), during Andrea Duncan's March 15, 2005 appointment with Dr. Buckwalter, "there was apparently a discussion regarding seizures (though the handwriting is again illegible). During the deposition, he claimed to have given her the names of three neurologists, but that is not documented in his note.

1 The addendum of this discussion was again, undated, suggesting that it was added later and  
2 potentially fraudulent. At deposition, he claims to add to the primary complications he was  
3 concerned about as “irritation of her seizure activity”, even though elevated doses of Prozac (which  
4 he was prescribing) are contraindicated in seizure disorders. It is on this note that there is the first  
5 record of an examination of the back for that which he was prescribing opioids.” This is only one  
6 example of the evidence relating to Dr. Buckwalter’s actual knowledge of his wrong doing relating  
7 to the treatment of his patients. Dr. Buckwalter misrepresented his qualifications in the area of pain  
8 management and knowingly concealed his lack of proper examination of his patients, his routine  
9 lack of proper and accurate documentation of medical records and routine practice of record  
10 changing, and his failure to keep records monitoring controlled substances.

11 38. Moreover, John and Margaret DeBaun took their concerns to the Nevada Medical  
12 Board. Upon information and belief, Dr. Buckwalter provided false and fraudulent medical records  
13 to the Board. The Board advised the DeBaun’s that they found no evidence of wrongdoing, which the  
14 DeBaun’s relied upon to their detriment.

15 39. Plaintiffs allege that the statute of limitations should be tolled during the period of  
16 Dr. Buckwalter’s concealment of his acts and omissions.

17 40. Each Plaintiff herein has had to retain counsel and incur costs by reason of  
18 Defendants’ tortuous conduct alleged herein.

19 WHEREFORE, Plaintiffs pray for relief from this Court in the form of a Judgment in their  
20 favor and against Defendants, and each of them, for damages as follows:

- 21 1. For general and special damages in an amount in excess of \$10,000.00;
- 22 2. For costs of suit and reasonable attorney’s fees;
- 23

24 ///

3. For punitive damages in an amount to be determined; and

4. For such other and further relief as the Court may deem just and equitable under the circumstances.

DATED this 24<sup>th</sup> day of April, 2009.

WHITE & WETHERALL, LLP

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Mother and Heir and Special Administrator of  
the Estate of ANDREA DEBAUN DUNCAN,  
deceased, and JOHN P. DEBAUN, Individually  
as Father and Heir of ANDREA DEBAUN  
DUNCAN

## **EXHIBIT 1**

**EXHIBIT 1**

Andrea M. Trescot, MD  
3210 Fuhrman Ave E  
Seattle, WA 98102  
206 660-4596  
[amt57Aaol.com](mailto:amt57Aaol.com)

March 24, 2009

**DECLARATION OF ANDREA M. TRESCOT PER NRS 53.045**

My name is Andrea M. Trescot, M.D. I am a licensed physician. My medical practice was located in Orange Park, Florida. I am currently a professor at the University of Washington School of Medicine in Seattle, Washington. My area of medical specialty is pain management. I have been asked to review the case of Andrea Duncan and comment on the care provided to her by Kevin Buckwalter.

I am over the age of 18 and am competent to make this Declaration. All matters stated herein are within my personal knowledge and are true and correct. I have personal knowledge of the facts set forth in this declaration, and if called upon as a witness to testify, I could and would do so competently under oath.

A true and correct copy of my C.V. is attached to this report. A summary of my professional qualifications follows. My undergraduate training was completed in 1978 at The University of Florida. I was awarded an M.D. degree by The Medical University of South Carolina in 1983. Thereafter, I completed an internship and residency in anesthesiology at the Naval Hospital in Bethesda, Maryland. In 1986 I completed a fellowship in pediatric anesthesiology at Children's Hospital National Medical Center.

From 1983 through 1991 I was an active duty Lt. Commander in the United States Navy. I have the following certifications: Diplomate American Board of Anesthesiology, Special Qualification in Critical Care; Special Qualification in Pain Management; Diplomate American Academy of Pain Management; Diplomate American Board of Pain Medicine; Fellow Interventional Pain Practice (World Institute of Pain); Diplomate, American Board of Interventional Pain Physicians, Competency certification in controlled substance management, Competency certification in coding, compliance, and practice management.

My professional affiliation history is listed below.

**Faculty Positions Held (2007-2009)**

4/07 - 7/08	Director, Pain Fellowship, anesthesia University of Florida, Gainesville, FL
4/07 - 11/08	Associate professor, Department of Anesthesia University of Florida, Gainesville, FL
12/08-present	Professor, Department of Anesthesia and Pain Medicine University of Washington, Seattle, WA



3/09-present Director, Pain Fellowship, anesthesia  
University of Washington, Seattle, WA

**Positions Held (1987-2007)**

1/87 - 1/91 Staff anesthesiologist, Director pain clinic, Director ICU  
Naval Hospital, Jacksonville, FL  
1/91 - 12/91 Director, pain clinic, White-Wilson Medical Center  
Ft. Walton Beach, FL  
12/91 - 2/94 Owner, North Florida Pain Institute  
Gulf Breeze, FL  
3/94 - 9/96 Partner, Blue Ridge Pain Institute  
Staunton, VA  
9/96 - 7/97 Joint venture, Pain Institute of Northeast Florida  
Orange Park, FL  
7/97 - 4/07 Owner, The Pain Center  
Orange Park, FL

**Teaching Responsibilities:**

4/07 - 10/08 Director, Pain Fellowship, anesthesia  
University of Florida, Gainesville, FL  
12/08-present Professor, Dept of Anesthesia and Pain Medicine  
University of Washington, Seattle, WA  
3/09-present Director, Pain Fellowship, anesthesia and Pain Medicine  
University of Washington, Seattle, WA

**Special National Responsibilities:**

6/07 - 6/08 President, American Society of Interventional Pain Physicians  
6/06 - 6/07 President-elect, American Society of Interventional Pain Physicians  
6/05 - 6/06 Executive Vice President, American Society of Interventional Pain Physicians  
11/99 - 11/01 Treasurer, American Society of Interventional Pain Physicians  
*Inaugural officer*  
11/01 - 6/07 Board of Directors, American Society of Interventional Pain Physicians  
8/03 - present Examiner, World Institute of Pain

I have published or co-published over three dozen articles on medical subjects ranging in topic from management of chronic pain to diagnostic spinal endoscopy. The primary focus of my medical practice has been as a researcher, clinician, and instructor in pain management. I am licensed in the states of Florida and Washington to practice medicine. I have an active medical practice and have been practicing continuously since 1983. My license to practice medicine has never been suspended, revoked or modified. I have voluntarily given up my active medical licenses in states in which I no longer practice. I have lectured and instructed medical students, residents, and physicians on a multitude of occasions, both nationally and internationally, regarding pain management and related topics.

As a result of my training, education, and over two decades of experience as a pain management specialist, I have become knowledgeable regarding the standard of care for physicians dealing with patients who present with complaints similar to those of Andrea Duncan. I am aware of the applicable standards for evaluating, assessing, diagnosing, and treating patients like Andrea Duncan who present to a clinic seeking medical advice and treatment for injuries suffered in motor vehicle accidents. The opinions that I express in this report are based upon reasonable medical probability. The standard of care for a physician in this setting is a national standard and does not deviate from region to region within the United States. The standard of care for physicians dealing with patients in pain, such as Andrea Duncan, do not differ between board-certified and non-board certified physicians, or their area of specialization. Any physician of any specialty needs to adhere to the same standard of care to minimize the danger to patients and provide competent medical care. In particular, when any physician decides to prescribe controlled substances to a patient, they are required to be knowledgeable of the manufacturer's instructions and warnings and to understand and appreciate the known side effect. In addition, any practitioner who prescribes controlled substances is required to only prescribe them for legitimate medical needs, to be aware of the potential for physical dependence and potential abuse and to take steps to minimize these risks to the patient.

The materials that I have reviewed in connection with this case are the kinds of material customarily relied upon and utilized by physicians in arriving at medical opinions. In conjunction with this case I have reviewed the following medical records and information:

1. The medical records on Andrea Duncan from Dr. Buckwalter's office
2. Dr. Buckwalter's deposition in the case of Andrea Debaun (Duncan) versus the Roxy Night Club
3. The State of Nevada prescription monitoring program patient drug utilization for Andrea Duncan

I have been provided the following legal definitions and have been asked to keep them in mind when making my analysis of the situation.

NRS 41A.009 "Medical malpractice" defined. "Medical malpractice" means the failure of a physician, hospital or employee of a hospital, in rendering services, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances.

"Proximate Cause:" A proximate cause of injury, damage, loss, or harm is a cause which, in natural and continuous sequence, produces the injury, damage, loss, or harm, and without which the injury, damage, loss, or harm, would not have occurred. Nev. J.L. 4.04.

"Legal Cause; Definition:" A legal cause of injury, damage, loss, or harm is a cause which is a substantial factor in bringing about the injury, damage, loss, or harm. Nev. J.L. 4.04A.

A brief summary of pertinent facts as well as a chronology of events is as follows:

This case involves a 25 year-old female, Andrea Duncan, who presented as a new patient to Dr. Kevin Buckwalter's office on 11/22/04 with complaints of a fractured T8 and T12 vertebrae and closed head trauma from a car accident on 9/19/00. On that visit, under chief complaint, it was noted that the patient would like to discuss medication, x-rays, injuries and "check back outs." All the handwritten records are difficult to interpret, but the impression of the initial visit was "fracture T7 T8, chronic back pain, depression, PTSD, history of [unintelligible], and headaches." Her medications on presentation to the clinic included Xanax 1 mg TB), Prozac 10 mg q day, and Ultram 50 mg on an as needed basis. Dr. Buckwalter's initial plan included increasing the Xanax to 2 mg QID, and adding Percocet. She continued to get escalating doses of opioids and Xanax until she overdosed in September 2005.

During his deposition in the case Debaun vs. the Roxy Night Club on Feb 8, 2007, Dr. Buckwalter described his practice under oath as being "basically that of common diseases, ranging from diabetes to the common cold, flu, small injuries, things of that nature." He is a board certified family physician, with no training in pain medicine. He stated that he first saw Ms. Duncan-Debaun on 11/22/04. He admitted at deposition that he did not get any information regarding the accident or prior treatment. He mistakenly identified Ultram as an anti-inflammatory, and obviously did not realize that Ultram (tramadol) is an opioid without any anti-inflammatory activity. He "did not have time" to do a physical exam. On the first visit, he made the diagnosis of "depression", post traumatic stress disorder, chronic back pain, and "temporal lobe severe" (not a legitimate medical diagnosis, and not in her medical records, but present on his initial note and repeated in his deposition). He then mistakenly grouped Flexeril (a muscle relaxant) with Aracept (a medication for Alzheimer's disease), saying that "you could group them together." And then, despite his description of keeping patients on "maintenance" medications, he increased her Xanax to more than two times her prior dose and started her on Percocet (which is much, much stronger than the Ultram she was on). When asked specifically, he stated that these medications were "appropriate for the problems that she told [me] she was having."

It is required under the standard of care to ask questions about specific symptoms that a patient might not realize as the cause or source of her complaints. Some of these are loss of bowel or bladder control, drop foot, extremity numbness and/or tingling, flank pain, blood in the urine or stool, fever, sweats/chills, weight loss, heartburn, reflux, nausea/vomiting, diarrhea/constipation, chest pain, depression, emotional stressors. No documentation was made by anyone regarding usual information needed in a patient with Andrea Duncan's complaints including: whether the patient sought treatment at the time of her original injury and if so, what that evaluation and treatment consisted of, who she had seen for her complaints in the past, studies performed, when she was last seen by another medical provider for these complaints, whether she was seeking treatment for an acute episode of her chronic back problems or if this was a constant ongoing pain; if episodic, how long do episodes last, what time of day do episodes occur, recent aggravating factors, prior hospitalizations for back pain, et cetera.

When she returned to see him in two months (1/25/05), she requested an increase in her Prozac, noting no improvement in her pain or symptoms of anxiety and depression on the larger dose of opioid and benzodiazepine he had given her. His note described the back exam as "unchanged" even though he never evaluated her back on a previous visit. He doubled her Prozac dose, and wrote for Percocet 10/650 (it is unclear what the previous dose of Percocet was). Despite the lack of discussion regarding her current medications, side effects of those medications, affects of those medications, and an absence of any critical decision-making, he billed this visit as "level 5", the highest level of evaluation possible, which may represent over-billing or insurance fraud. There is an undated addendum on that note in which he described the medicines that she was taking as a "high dose", but there is no evidence from the record that she even requested that high a dose of opioid or benzodiazepine.

On the next visit (3/15/05), there was apparently a discussion regarding seizures (though the handwriting is again illegible). During the deposition, he claimed to have given her the names of three neurologists, but that is not documented in his note. The addendum of this discussion was again, undated, suggesting that it was added later and potentially fraudulent. At deposition, he claims to add to the primary complications he was concerned about as "irritation of her seizure activity", even though elevated doses of Prozac (which he was prescribing) are contraindicated in seizure disorders. It is on this note that there is the first record of an examination of the back for that which he was prescribing opioids. He stated during the deposition that "the straight leg raise was done at a 30°", apparently completely ignorant of how the evaluation should actually be done, or interpreted, describing it as a test "to check the integrity of the lower spine, whether that would involve previous accidents, herniated discs, foraminal stenosis, things of this nature." In actual fact, the straight leg raise only looks at the angle at which, when raising the leg, a patient begins to feel pain going down the back of the leg, which may or may not represent potential irritation of a nerve root. He states that he gave her a four-month supply of medications, even though it was illegal at that time to give refills of Percocet. He also stated at deposition that she was taking the same medications that she had the entire time under his care, without noting that he was the provider who had dramatically increased her Xanax and started her on the much more powerful and addictive Percocet. Once again, despite the fact that he claims she had no complaints at that visit, he claimed a "level 5" visit, again over billing and potentially committing insurance fraud.

When he saw her again in July (7/19/05), he stated at deposition that her condition was unchanged despite the fact that the note stated "seizure very bad." He described questioning whether she was experiencing true seizures or severe panic attacks, but nothing in his note described any interview of the patient that might help make that distinction. Again there was an undated addendum that he recommended a neurology evaluation that he says she refused. At deposition, he admitted that the distinction between these two conditions would have made a difference, and would have "put more credibility upon my insisting that she follow up with a neurologist." Given that grand mal seizures are life-threatening, it would be below the standard of medical care to not have evaluated this condition more thoroughly, at the very least by interview. There is no indication as to why he decreased her opioids from Percocet 10 to Lortab 10 (a schedule 2 medication to a schedule 3 medication). It is quite convenient that his undated addendum states that she "accepted all

responsibility for taking other medications in the past." Once again he billed a level 5 code for this visit.

Her last visit with Dr. Buckwalter was on 9/16/05. She again apparently complained of depression, anxiety, and back pain. Despite the lack of change in her complaints, this time there was apparently a more thorough physical exam. He refilled her medications (though the notes do not reflect exactly which medicines were refilled or in what doses), stating at deposition that there were no changes in her medicines, though he did change her from Prozac to Lexapro and apparently put her back on Percocet 10. This time the addendum to his note was dated (9/21/05), and described a telephone message from the patient's mother, stating that the patient had been found unconscious.

During deposition, Dr. Buckwalter admitted that he did not keep records of the amount of opioids prescribed at any visit. However, he stated that he "routinely" wrote for 150 tablets of Percocet with the instructions of "one tablet, 2 to 4 hours PRN." That would therefore give the patient "permission" to take up to 12 tablets per day. Since each Percocet 10/650 contains 650 mg of acetaminophen in each tablet, this would result in the patient potentially taking 7800 mg of acetaminophen per day, a toxic and potentially lethal dose. The maximum safe dose of acetaminophen is 4,000 mg per day. He described giving her Xanax 2 mg "on this particular occasion", stating that the amount was more than usual for two reasons: one, because she asked for it; number two it was cheaper in a larger amount than just buying it in a smaller amount; and number three, this is what she's been using in the past." He neglected to note that she had originally been taking 1 mg three times per day and that he himself had increased her to 2 mg four times a day. He stated at deposition that she got between 150 and 250 tablets per month, but by June 2005 he was prescribing 300 tablets per month for her. He states that he gave her more than one month at a time because of insurance issues, but 300 tablets per month is much more than a four per day his notes reflect that she was supposed to be getting, and that prescription was filled monthly. Nowhere in any of his notes does it state that the patient was requesting more Xanax.

Review of the pharmacy records show hydrocodone prescriptions, 150 per month, that were not listed in his notes. The prescriptions for Xanax varied between 150 and 180 tablets, all attributed to him by the pharmacy, and many dated other than at her visits. There was also overlap of prescriptions such as 150 tablets of Percocet (oxycodone) on 1/25/05 and another 150 tablets on 2/18/05 (less than 30 days). In addition, there were 150 tablets of Percocet on 3/15/05 followed by another 180 tablets on 4/8/05 and an additional 150 tablets of hydrocodone on 4/21/05 (again, less than 30 days between prescriptions). On 5/20/05 she received 300 Percocet tablets and then on 6/11/05 received another 300 tablets followed by another 300 on 7/5/2005 and another 300 on 7/29/05, another 300 on 8/23/05 and an additional 300 on 9/16/05. So, between January of 2005 and September 2005, the patient received 2130 tablets of oxycodone plus 1200 tablets of hydrocodone, equaling 3330 tablets in nine months or 370 tablets per month or 12 tablets per day of opioid (the amount his prescription allowed her to take). Similarly, she received over 3500 tablets of 2 mg Xanax pills in the nine months, which would have her taking more than 10 tablets per day. She came to him on virtually no opioids and 3 mg of Xanax per day; when she was found unconscious, she was getting 12 opioid tablets a day and 20 milligrams of Xanax. The pharmacy record also shows that

on 9/16/05 she received 90 tablets of morphine extended release 60 mg, again under Dr. Buckwalter's prescription (which is not on his medical record and which he denies prescribing), which is a potentially lethal dose in an opioid naive patient.

At deposition, Dr. Buckwalter stated that, had he known she was smoking marijuana, he would not have prescribed medications to her. However, that information would have been available by a simple urine drug test, which is considered standard of care when writing opioids. He also notes that he does not keep a log of the medication he prescribes "because I usually have a routine of the amount of medications that I write", in clear disregard for the individuality of patients. We therefore have a physician who did not take an adequate history, did not do a physical exam, did not monitor the effects of the medications prescribed, and did not tailor medications for the patient, all in violation of the reasonable standard of care. It is highly foreseeable that the prescription of these controlled substances, when done without appropriate analysis and parameters, can lead to injury to the patient. The result of combined drug toxicity was the direct cause of overdose of the patient, and there was a blatant disregard for the safety of the patient. Had Dr. Buckwalter followed the standard of care set out above, there is reasonable medical probability Andrea Duncan would not have died.

The opinions that I have expressed in this report are based on those materials that I have reviewed to date. If I am provided with additional information, I reserve the right to revisit these opinions and modify them if the additional information requires such. This report contains a fair summary of my opinions, as they currently exist.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed this 6 day of April, 2009

Andrea Frescot, M.D.



**CURRICULLUM VITAE**  
**Andrea M. Trescot, MD**

**Personal Data:**

Born: April 13, 1957 (New York, New York)  
Married: Husband, Harold Gear  
Children: Trescot Joseph (Joe) Gear (1989)  
Nicole (Nikki) Gear (1990)

**Education (1975-1983)**

8/75 – 5/78 University of Florida; BS (honors)  
6/79 – 5/83 Medical University of South Carolina; MD

**Postgraduate Training (1983-1986)**

7/83 – 6/84	Naval Hospital Bethesda	internship
7/84 – 6/86	Naval Hospital Bethesda	anesthesiology residency
7/86 – 12/86	Children's Hospital National Medical Center	fellowship (pediatric anesthesia)

**Military Service (1983-1991)**

7/79 Commissioned US Navy  
7/83 – 1/91 Active duty  
Rank: Lt. Commander  
Military decorations:  
US Navy Achievement Medal  
US Navy Marksmanship, .38 cal/.45 cal

**Faculty Positions Held (2007-2009)**

3/09 – present	Director, Pain Fellowship, anesthesia University of Washington Seattle, WA
12/08 – present	Professor, Department of Anesthesia and Pain Medicine University of Washington Seattle, WA
4/07 – 7/08	Director, Pain Fellowship, anesthesia University of Florida Gainesville, FL
4/07 – 11/08	Associate professor, Department of Anesthesia University of Florida Gainesville, FL

**Positions Held (1987-2007)**

7/97 – 4/07	Owner, The Pain Center Orange Park, FL
9/96 – 7/97	Joint venture, Pain Institute of Northeast Florida Orange Park, FL
3/94 – 9/96	Partner, Blue Ridge Pain Institute Staunton, VA
12/91 – 2/94	Owner, North Florida Pain Institute Gulf Breeze, FL
1/91 – 12/91	Director, pain clinic, White-Wilson Medical Center Ft. Walton Beach, FL

1/87 – 1/91      Staff anesthesiologist, Director pain clinic, Director ICU  
Naval Hospital Jacksonville  
Jacksonville, FL

#### **Honors**

2004      Outstanding service award, American Society of Interventional Pain Physicians  
1991      US Navy Achievement Medal

#### **Board certification**

10/88      Diplomate American Board of Anesthesiology:  
9/91      Special Qualification in Critical Care  
9/93, 1/04      Special Qualification in Pain Management  
11/92      Diplomate American Academy of Pain Management  
2/95      Diplomate American Board of Pain Medicine  
10/02      Fellow Interventional Pain Practice (World Institute of Pain)  
5/06      Diplomate, American Board of Interventional Pain Physicians  
1/06      Competency certification in controlled substance management  
1/06      Competency certification in coding, compliance, and practice management

#### **Medical Professional Licenses**

2008 to present      Washington state license  
1988 to present      Florida state license  
1985 to 1989      Maryland state license  
1999 to 2001      Georgia state license  
1994 to 1998      Virginia state license

#### **Professional Organizations:**

American Society of Interventional Pain Physicians (life member)  
Florida Society of Interventional Pain Physicians  
World Institute of Pain  
Florida Academy of Pain Medicine  
American Academy of Pain Medicine  
American Pain Society  
International Association for the Study of Pain  
American Association of Orthopedic Medicine  
Florida Medical Association  
Clay County Medical Society  
Duval County Medical Society

#### **Teaching Responsibilities:**

12/08 - present      Professor, Dept of Anesthesia and Pain Medicine  
University of Washington  
Seattle, WA  
3/09 – present      Director, Pain Fellowship, anesthesia  
University of Washington  
Seattle, WA  
4/07 – 10/08      Director, Pain Fellowship, anesthesia  
University of Florida  
Gainesville, FL

#### **Editorial Responsibilities:**

1999 - 2002 and      Editorial Advisory Board, Pain Physician (publication of



2006 - present      the American Society of Interventional Pain Physicians)

2007 - present      Associate Editor Pain Physician

**Special National Responsibilities:**

6/07 - 6/08	President, American Society of Interventional Pain Physicians
6/06 - 6/07	President-elect, American Society of Interventional Pain Physicians
6/05 - 6/06	Executive Vice President, American Society of Interventional Pain Physicians
11/99 - 11/01	Treasurer, American Society of Interventional Pain Physicians <i>Inaugural officer</i>
11/01 - 6/07	Board of Directors, American Society of Interventional Pain Physicians
8/03 - present	Examiner, World Institute of Pain

**Special Local Responsibilities**

7/02 - 7/06	President, Florida Society of Interventional Pain Physicians
7/06 - present	Board of Directors, Florida Society of Interventional Pain Physicians
7/01 - 7/02	President, Florida Academy of Pain Medicine
7/00 - present	Board of Directors, Florida Academy of Pain Medicine
10/03 - present	Florida Medical Association, Medicare Carrier Advisor representative
1/03 - 6/07	Chairman, Pharmacy and Therapeutics Committee (Orange Park Medical Center)
1994-1995	President, American Association of University Women (Staunton branch), Staunton, VA

**Research Funding**

None

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*Course Creator and Director*
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- "Cryoneuroablation", (cadaver course). Uniformed Services University of the Health Sciences. Bethesda, MD. March 1998.  
*Course Creator and Clinical Coordinator*
- "Cryoanalgesia in the treatment of chronic pain". (cadaver course). Naval Medical Center of San Diego, San Diego, CA. Feb 1999.  
*Course Creator and Clinical Coordinator*
- "Interventional pain management, techniques & technologies". Uniformed Services University of the Health Sciences. Washington, DC. June 1999.  
*Principle instructor.*
- "Role of cryoneurolysis in spinal pain". Association of Pain Management Anesthesiologists First Annual Meeting. Washington, DC. Nov 1999.
- "Cryoanalgesia in the treatment of chronic pain". (cadaver course). Naval Medical Center of San Diego. San Diego, CA. Feb 2000.  
*Course Creator and Director*
- "Pseudosciatica". John J. Bonica Pain Conference. Vail, CO. March 2000
- "Spinal cord stimulation: past, present, and future". American Society of Interventional Pain Physicians Annual Meeting. Washington, DC. Sept 2000.
- "Cryoanalgesia in the treatment of chronic pain". (cadaver course). Naval Medical Center of San Diego. San Diego, CA. Feb 2001.  
*Course Director*

- "Cryoneurolysis". American Society of Interventional Pain Physicians and American Academy of Minimally Invasive Spinal Medicine and Surgery Symposium. Las Vegas, NV. April 2001
- "Neurolysis – fire or ice?". American Society of Interventional Pain Physicians Annual Meeting. Washington DC. Sept 2002.
- "Intrathecal pumps". Comprehensive Interventional Cadaver Workshop: Memphis, TN, Oct 2002.
- "Regenerative injection therapy". Interventional Pain Management Symposium. San Diego, CA. March 2003
- "Spinal endoscopy". Minimally Invasive Spine Update. Keystone, CO. March 2003.
- "Common sense and medicolegal aspects of interventional procedures – watch what you wish for". American Association of Orthopedic Medicine. Orlando, FL. May 2003.
- "Advances in gynecologic pain management." "Surgical pain Prevention" 8<sup>th</sup> Annual Practical Obstetrics & Gynecology Update. Sea Grove Beach, FL. June 2003.
- "Pseudosciatica - fire and ice". Eighth Annual Advanced Interventional Pain Conference. Budapest, Hungary. Aug 2003.
- "Peripheral and cranial nerve blocks". Comprehensive Pain Board Review Symposium. Middleton, WI. Aug 2003.
- "Diagnosis of CRPS"; "Medical treatment of CPRS"; "Targeted steroids". American Society of Interventional Pain Physicians Annual Meeting. Washington, DC, Sept 2003.
- "Anatomy of head and neck"; "Systemic opioid pharmacology"; "Headache and face pain"; "Pain management in pregnancy and nursing". Comprehensive Pain Medicine Board Review Course. Washington, DC. Sept 2003.
- "Spinal endoscopy". Minimally Invasive Spine Update. Park City, Utah. March 2004.
- "Neuropathic pain". American Association of Orthopedic Medicine. La Jolla, CA. April 2004.
- "Politics and preservation of pain management"; "Art and science of pain management"; "Headache management"; "Nonopioid techniques"; "Managing spinal pain". American Society of Interventional Pain Physicians Semi-Annual Meeting. Phoenix, AZ May 2004.
- "Opioid pharmacology"; "Intrathecal implants"; "Neuropathic pain", "Headache and facial pain"; "Pain management in pregnancy". American Society of Interventional Pain Physicians Comprehensive Pain Medicine Board Review Course St. Louis, MO. Aug 2004.

- "Interventional management of headaches". 2<sup>nd</sup> Annual New Advances in Pain Management, Illinois State University. Normal, IL. Aug 2004.
- "Interventions for cervicogenic headaches". World Institute of Pain 3<sup>rd</sup> World Congress on Pain. Barcelona, Spain. Sept 2004.  
*Interventional procedures for head and neck (organizer - topical seminar)*
- "Adhesiolysis: catheter or endoscopic". American Society of Interventional Pain Physicians 6<sup>th</sup> Annual Meeting. Washington, DC. Sept 2004.
- "Pelvic pain". World Institute of Pain. San Juan, Puerto Rico. Jan 2005.
- "Cryoneurolysis". American Society of Interventional Pain Physicians Semi-Annual Meeting. New Orleans, LA. April, 2005.
- "Opioid pharmacology"; "Pain management in pregnancy". American Society of Interventional Pain Physicians Comprehensive Pain Medicine Board Review Course. St. Louis, MO. Aug 2005.  
*Course director*
- "Pseudosciatica – fire and ice"; World Institute of Pain. Budapest, Hungary. Sept 2005.
- "Cryoneurolysis". American Society of Interventional Pain Physicians 7<sup>th</sup> Annual Meeting. Washington, DC. Sept 2005.
- "Opioid pharmacology". Clinical Competency Control Substance and Practice Management Course. Washington, DC. Sept 2005.  
*Course director*
- "Cryoanalgesia". American Association of Pain Management Annual Meeting. San Diego, CA. Sept 2005.
- "Upper and lower extremity anatomy". American Society of Interventional Pain Physicians/World Institute of Pain. Memphis, TN, Mar 2006.
- "Epidemiology of pain"; "Drug interactions"; "Practical approaches to opioids". Controlled Substance Management and Coding; Compliance, and Practice Management. American Society of Interventional Pain Physicians. Chicago, IL. May 2006.  
*Course director*
- "Political realities". American Society of Interventional Pain Physicians 8<sup>th</sup> Annual Meeting. Washington, DC. June 2006.
- "Adhesiolysis". Comprehensive Lumbar, Thoracic and Cervical Cadaver Workshop. Memphis, TN. July 2006.
- "Opioid pharmacology"; "Adjuvant pharmacology"; "Electrostimulation"; "Sympathetic/neurolytic blocks"; "Pain management in pregnancy". American Society of Interventional Pain Physicians Comprehensive Pain Medicine Board Review Course. St. Louis, MO. Aug 2006.  
*Course director*
- "Pseudosciatica – fire and ice". World Institute of Pain. Budapest, Hungary. Sept 2006.



- "Fluoroscopy and needle placement"; "Adhesiolysis"; "Intrathecal infusion systems". Interventional Techniques Review Course and Comprehensive Interventional Cadaver Workshop. Memphis, TN. Oct 2006.  
*Course director*
- "Lumbar facet and radiofrequency"; "Lumbar discectomy"; "Percutaneous adhesiolysis"; "Intrathecal pumps". Interventional Techniques Review Course and Comprehensive Interventional Cadaver Workshop. Memphis, TN. Dec 2006.  
*Course director*
- "Upper and lower extremity anatomy"; Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians/World Institute of Pain. Memphis, TN. Mar 2007.
- "Epidemiology and physiology of pain"; Overview of Opioids Controlled Substance and Practice Management Compliance Course. American Society of Interventional Pain Physicians. Orlando, FL. April 2007.  
*Course director*
- "Spinal cord stimulators"; "Imaging for chronic pain". Texas Tech 24<sup>th</sup> Annual Pain Symposium. Lubbock, TX. June 2007.
- "Shaping the political future". American Society of Interventional Pain Physicians 9<sup>th</sup> Annual Meeting. Washington, DC. June 2007.
- "Epidemiology of chronic pain and an overview of management modalities"; "Opioid pharmacology"; "Anatomy and nerve blocks of the lower extremity"; "Epidural injections and adhesiolysis"; "Fluoroscopy in interventional pain management"; "Pharmacology of psychotherapeutic and adjuvant drugs"; "Pharmacology of NSAIDs"; "Headache physiology"; "Pharmacology and interventional pain management"; "Pain management in pregnancy and nursing". Comprehensive Pain Medicine and Interventional Pain Management Board Review Course. American Society of Interventional Pain Physicians. Nashville, TN. Aug 2007.  
*Course director*
- "Interventional Techniques for Cancer Pain". Second Annual Chronic Pain Management Fall Symposium for Primary Care. Duke University School of Medicine. Durham, NC. Sept 2007.
- "Drugs for interventional techniques: contrast, local anesthetics, and steroids"; "Thoracic epidural"; "Cervical epidural"; "Sacroiliac joint injections"; "Lumbar facet joint blocks"; "Nucleoplasty". Interventional Techniques Review Course and Interventional Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Oct 2007.  
*Course director*
- "NASPER: Why has the National All Schedules Prescription Electronic Reporting not been implemented?". Testimony before the US Congress, Energy and Commerce Committee. Washington, DC. Oct 2007.
- "Spinal cord stimulation"; "Epidemiology of neuropathic pain"; "Practical spinal cord stimulations". Interventional Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Nov 2007.

- "Head and neck interventions"; "Abdominal and extremity interventions". ASSR 2008 Annual Symposium. American Society of Spinal Radiology. Indian Wells, CA. Feb 2008.
- "Fluoroscopy and radiation safety". Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians/World Institute of Pain. Memphis, TN, Mar 2008.
- "Evidence-based primer for interventional pain management". American Conference on Pain Medicine. New York, NY. April 2008.
- "Intrathecal medications". Texas Tech 25<sup>th</sup> Annual Pain Symposium. Lubbock, TX. June 2008.
- "Shaping the political future". American Society of Interventional Pain Physicians 10<sup>th</sup> Annual Meeting (program director). Washington, DC. June 2008.
- "Injection complications". World Institute of Pain. London, England. June 2008.
- "Cryoanalgesia". International Spine Injection Society (ISIS) annual meeting. Las Vegas, NV. July 2008.
- "Epidemiology of chronic pain"; "Opioid pharmacology"; "Pharmacology of psychotherapeutic and adjuvant drugs"; "Headaches and facial pain"; "Drug interactions"; "Opioid effectiveness"; "Evidence basis of opioid treatment"; "Controlled substance regulations"; "Urine drug testing". Comprehensive Pain Medicine and Interventional Pain Management Board Review Course: American Society of Interventional Pain Physicians. St. Louis, MI. Aug 2008.  
*Course director*
- "Imaging in interventional pain"; "Office based interventional pain practice". World Institute of Pain. Budapest, Hungary. Sept 2008.
- "Nerve entrapments". "RIT workshop", "Imaging in pain medicine". Egypt Society for the Management of Pain. Cairo, Egypt. Nov 2008
- "Interventional Headache Management". World Institute of Pain. New York, NY. March 2009

#### Cadaver Courses

- Comprehensive Interventional Pain Management Course. US Uniform Health services. Bethesda, MD June 2000  
*Instructor*
- Comprehensive Interventional Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN, Oct 2002.  
*Instructor*
- Comprehensive Cervical/Thoracic Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Oct 2003.  
*Instructor*

- Comprehensive Interventional Cadaver Workshop. American Society of Interventional Pain Physicians /Fellow of Interventional Pain Practice. Memphis, TN. March 2004.  
*Instructor/board examiner*
- Comprehensive Lumbar Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. June 2004.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. March 2005.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. May 2005.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Oct 2005.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians/World Institute of Pain, Memphis, TN. Mar 2006.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Dec 2005.  
*Instructor*
- American Society of Interventional Pain Physicians/World Institute of Pain. Fellow of Interventional Pain Practice. Memphis, TN. March 2006.  
*Board examiner*
- Comprehensive Lumbar, Thoracic and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. July 2006.  
*Instructor*
- Interventional Techniques Review Course and Comprehensive Interventional Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Oct 2006.  
*Course director*
- World Institute of Pain. Budapest, Hungary. Sept 2006.  
*Instructor*
- Interventional Techniques Review Course and Comprehensive Interventional Cadaver Workshop. American Society of Interventional Pain Physicians. Memphis, TN. Dec 2006,  
*Course director*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians/World Institute of Pain. Memphis, TN. Mar 2007.  
*Instructor*

- American Society of Interventional Pain Physicians/World Institute of Pain. Fellow of Interventional Pain Practice. Memphis, TN. March 2007.  
*Instructor/board examiner*
- Interventional Cadaver Workshop – Spinal Cord Stimulation. American Society of Interventional Pain Physicians. Memphis, TN. Nov 2007.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians/World Institute of Pain. Memphis, TN. Mar 2008.  
*Instructor*
- American Society of Interventional Pain Physicians/World Institute of Pain. Fellow of Interventional Pain Practice (board examiner). Memphis, TN. March 2008.  
*Instructor/board examiner*
- World Institute of Pain. London, England. June 2008.  
*Instructor*
- World Institute of Pain. Budapest, Hungary. Sept 2008.  
*Instructor*
- Comprehensive Lumbar, Thoracic, and Cervical Cadaver Workshop. American Society of Interventional Pain Physicians/World Institute of Pain. Memphis, TN. Mar 2009.  
*Instructor*
- World Institute of Pain. New York, NY. March 2009.  
*Instructor*
- World Institute of Pain. Fellow of Interventional Pain Practice (board examiner). New York, NY. March 2009.  
*Instructor/board examiner*

#### **Regional Invitational Lectures**

- “Epiduroscopy and other new pain techniques”. Jacksonville Area Society of Post-Anesthetic Nurses. Jacksonville, FL March 1997.
- “Willow bark – anti-inflammatories for the 21<sup>st</sup> century”. Baptist Medical Center. Jacksonville, FL. March 1999.
- “Pain management”. Bays Medical Society. Panama City, FL. April 2000.
- “Pain and quality of life issues”. Northwest Florida Chapter, The Oncology Nursing Society. Pensacola, FL. March 2000.
- “Pseudosciatica”. Baptist/St. Vincent Family Practice. Jacksonville, FL. March 2000.

- "Scopes – where are we now?". PainMatters 2000. World Golf Village, FL. June 2000.
- "Pain management: traditional & nontraditional modalities. Florida Academy of Family Physicians. Savannah, GA. Feb 2001
- "Pharmaceuticals – what's the latest?". PainMatters 2001. World Golf Village, FL. July 2001
- "Management of peripheral nerve entrapments". Florida Academy of Pain Medicine. Tampa, FL. June 2001.
- "Chronic pain control – pearls & pitfalls". Florida Academy of Family Physicians. St. Petersburg, FL. Nov 2001.
- "Compliance planning and implementation"; "Fire and Ice – A Comparison of Radiofrequency and Cryoneurolysis". Florida Academy of Pain Medicine. Orlando, FL. May 2002.
- "Interventional pain techniques." Florida Society of Anesthesiologists. World Golf Village, FL. June 2002.
- "Creating a pain management service". "Advances in Pain Management". Florida Association of Nurse Anesthetists. Jacksonville, FL. Oct 1993.
- "Interventional pain management – power over pain". Georgia Academy of Family Physicians. Atlanta, GA. Nov 2002.
- "Pain management treatment options therapy". Florida Society of Health-Systems Pharmacists. Jacksonville, FL Dec 2000.
- "Pseudosciatica". Florida Academy of Pain Management. Clearwater Beach, FL. May 2003.
- "Appropriate opioid prescribing". Grand Rounds, St. Vincent's Hospital. Jacksonville, FL. July 2003.
- "Updates in pain management". Bays Medical Society Meeting. Sandestin, FL. Oct 2003.
- "Interventional pain management". Florida Society of PACU Nurses. Orlando, FL. Nov 2003.
- "Interventional headache management". Florida Academy of Pain Medicine. Miami, FL. June 2004.
- "Cryoablation workshop". Florida Academy of Pain Medicine. Orlando, FL. July 2005.
- "Pseudosciatica/ fire and ice". Florida Workers Compensation Symposium. Orlando, FL. Aug 2006.
- "Universal precautions in opioid prescribing". FPI 2007 Annual Pain Summit. Florida Pain Initiative. Orlando, FL. Oct 2007.