



FLORIDA PAIN INSTITUTE



Ashish Udeshi, MD | Michael Esposito, MD | Thaiduc Nguyen, DO | S. Kamal Fetouh, MD

A
LOOK
INSIDE

MILD Procedure

A New Treatment for Lumbar Spinal Stenosis

Meet Our Team of Experts

Brevard's leading Interventional Pain Management Group

Medtronic

Chronic Pain Relief is Possible

Clinical Research Studies

Florida Pain Institute’s clinical research department is here to establish data needed for these new innovative treatments. Our Providers play an important role in raising awareness about the option of clinical trial participation.

- **TARGET Study**
- **PRESS Study**
- **Product Surveillance Registry Study (PSR).**
- **RENEW Study**

For information on these clinical trials, you can visit clinicaltrials.gov or email our Clinical Research Coordinator, Shirley Salvador at shirley.salvador@surgerypartners.com or call 321-784-8211 ext 6241125.



Our Mission:

“To provide quality, individualized therapy and quick return to function for all our patients. Our vision is supported by many medical practitioners who entrust their patients’ physical therapy and occupational therapy to A&M Therapy. Our patients come to us with confidence knowing they will receive the greatest care.”

- Dr. Amado Mendoza, Founder and CEO

A&M Therapy, Inc.

“Where movement becomes a reality!”

Call us today for more information on all of these amazing services!

Merritt Island Office:

1395 N. Courtenay Parkway, Suite 102
Merritt Island, FL 39253
P: 321-986-8812 F: 321-986-8814

Suntree Office:

903 Jordan Blass Drive, Unit 104
Melbourne, FL 32940
P: 321-622-6508 F: 321-622-6578

Our Services:

Physical therapy can help with improving and restoring mobility and function. It is used when medical practitioners wish to help restore patient function when drug interventions do not improve overall mobility.

Occupational therapy can help increase participation and independence in the activities that fill daily life such as self-care, leisure, work, or home-based tasks.

Massage therapy can help diminish chronic pain, relieve stress and assist in recovery from injuries and improve flexibility.

Like us on Facebook @ A&M Physical Therapy and Occupational Therapy

CONTENTS

2 DR. ASHISH UDESHI

Dr. Ashish Udeshi celebrates 5 years with the Florida Pain Institute and continues to spearhead initiative to combat opioids.



6 MILD PROCEDURE

Dr. Michael Esposito discusses a safe, effective, non-surgical treatment for Lumbar Spinal Stenosis.



8 MEET OUR TEAM

We would not be able to provide our quality care without our experienced team of Providers.



10 TRIGEMINAL NEURALGIA

Dr. Thaiduc Nguyen discusses how radiofrequency neurotomy is used to treat neuropathic-pain disorder.



12 FROM THE TEST KITCHEN

Delicious Mediterranean inspired chicken and vegetable recipe.

14 AMNIOFIX PAIN

Dr. S. Kamal Fetouh discusses how regenerative medicine holds the promise of definitive solutions that heal the body from within.



Dr. Ashish Udeshi

Celebrating 5 years with Florida Pain Institute!

AND HE CONTINUES TO SPEARHEAD INITIATIVE TO COMBAT OPIOID CRISIS

How has life changed for you and your family since coming back to Brevard county in 2013?

Well, when I first joined FPI our family consisted of just my wife and I. However, the Udeshi Family is now a party of 4, with a 4-year-old son and 1-year-old daughter. My FPI family also grew. We've added a great team of doctors. It's an honor to have Dr. Michael Esposito, Dr. Thaiduc Nguyen, and Dr. S Kamal Fetouh, all leaders in the field of interventional pain medicine, to be part of our FPI family. In addition to our physicians, we have an amazing team of physician extenders with Michael Thomas, Patricia Dunn, Amanda Nolte, Justin Fitz, Elisia Luther who all help provide amazing care to our community.



What new treatments are available today that were not available 5 years ago?

For starters, the field of spinal cord stimulation (SCS) has exploded in technological advances. There are more indications and insurance coverage for multiple conditions relating to chronic pain. There are now 6 companies producing SCS therapy with features such as MRI compatibility, paresthesia free programming, Dorsal Root Ganglion (DRG) stimulation and even no charge capability, a very exciting time in SCS. There are also new options for the treatment of lumbar spinal stenosis. This includes same-day, minimal invasive options, such as minimally invasive lumbar decompression (MILD) and Superion (an interspinous space device).



How have the opioid issues impacted your patients and practice in Brevard County?

Sadly in the last 5 years the number of lives lost due to opioids nationally has doubled from close to 25,000 deaths in 2013 to almost 50,000 deaths in 2017, and close to 300 deaths alone in Brevard County just last year. As a result there have been significant changes in how opioid painkillers are utilized. The field of pain medicine has adopted new CDC guidelines and legislation for managing chronic pain. Our physicians at FPI have always strived to provide the highest quality care for patients aside from just medications that are safe and effective.

Thank you Brevard for allowing my family and me to be part of such an incredible and welcoming community we call home!



According to the National Safety Council, 60 people die every day from opioid pain medications. That's 22,000 people every year. In Florida alone, the opioid epidemic was declared a statewide emergency as of 2017.

In response to this growing problem, a philanthropic group known as The Doctors Goodwill Foundation (DGF) is taking action to combat the opioid crisis by raising awareness, providing resources and highlighting alternative pain treatments where indicated.

Dr. Ashish Udeshi, the Doctor's Goodwill Foundation president, collaborates with a coalition of equally dedicated volunteers who have taken up the cause to help eliminate addiction and deaths from opioid abuse. This coalition is comprised of:

- **Doctors**
- **Nurses**
- **Pharmacists**
- **Allied health workers**
- **Hospitals**
- **Healthcare agencies**
- **Area businesses**

DGF held a forum to highlight the effects of painkillers on people, families and the community as a whole. The event brought together doctors, law enforcement and health officials to discuss opioid prescriptions, addictions and overdoses, with the goal of showcasing available resources and treatment options on the Space Coast.

Dr. Udeshi believes that the crisis in terms of opioid issues and their role has changed. "I think initially people thought they would be great medications and they would help out with certain conditions, but we noticed over the years it's causing more problems for patients and having addiction tolerance issues," he said.



Doctors' Goodwill Foundation hosted another charitable event to help "Shatter the Stigma of Opioid Addiction and Suicide" in Brevard County. The event took place at the Space Coast Convention Center on the evening of November 1st. It was a "Remove the Mask" Masquerade ball, with charitable funds contributing to county wide counseling and support for opioid addiction and suicide prevention.



Ashish Udeshi, MD

- Graduate of the University of Miami Miller School of Medicine and Residency in Anesthesiology
- Interventional Pain Fellowship at the University of Miami
- Double Board Certified in Pain Medicine and Anesthesiology

LIVE LIFE WITH LESS PAIN

Living with pain can be overwhelming.

If you're experiencing chronic pain and aren't satisfied with oral pain medication, patches, injections, or therapy, it's time to look into something different.

Effective chronic pain relief is possible. Our goal at Medtronic is to help you get pain relief so you can live a fuller life. We offer two proven, long-term pain therapies:

- Spinal Cord Stimulation
- Targeted Drug Delivery

TAKE CONTROL OF YOUR FUTURE. Ask your doctor for more information about Medtronic Pain Therapies today.

LEARN MORE:

- Spinal Cord Stimulation: medtronicpainstim.com
- Targeted Drug Delivery: tamethepain.com/relief
- Watch videos about the therapies: youtube.com/medtronicchronicpain

SynchroMed® II Drug Infusion System Brief Statement:

Product technical manuals and the appropriate drug labeling must be reviewed prior to use for detailed disclosure.

Indications: US: Chronic intrathecal infusion of Infumorph® preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, Prialt® chronic intrathecal infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of Lioresal® Intrathecal (baclofen injection) for the management of severe spasticity. Outside of US: Chronic infusion of drugs or fluids tested as compatible and listed in the product labeling. **Drug Information:** Refer to appropriate drug labeling for indications, contraindications, warnings, precautions, dosage and administration, screening procedures, and under-/overdose symptoms and methods of management. Patients should be informed of the signs and symptoms of drug under- or overdose, appropriate drug warnings and precautions, and signs and symptoms that require medical attention.

Contraindications: System implant is contraindicated in the presence of an infection; implant depth greater than 2.5 cm below skin; insufficient body size; and spinal anomalies. Use of the system with drugs with preservatives and drug formulations with pH ≤3. Use of CAP kit for refills or of refill kit for catheter access and use of PTM to administer opioid to opioid-naïve patients or to administer ziconotide. **Warnings:** Non-indicated formulations may contain neurotoxic preservatives, antimicrobials, or antioxidants, or may be incompatible with and damage the system. Failure to comply with all product instructions, including use of drugs or fluids not indicated for use with system, or of questionable sterility or quality, or use of non-Medtronic components or inappropriate kits, can result in improper use, technical errors, increased risks to patient, tissue damage, damage to the system requiring revision or replacement, and/or change in therapy, and may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug under- or overdose. An inflammatory mass that can result in serious neurological impairment, including paralysis, may occur at the tip of the implanted catheter. Clinicians should monitor patients carefully for any new neurological signs or symptoms, change in underlying symptoms, or need for rapid dose escalation. Monitor patients appropriately after refill if a pocket fill is suspected. Failure to recognize signs and symptoms of pocket fill and seek appropriate medical intervention can result in serious injury or death. Overinfusion may lead to underdose or overdose symptoms. Strong sources of electromagnetic interference (EMI), can negatively interact with the pump and cause heating of the implanted pump, system damage, or changes in pump operation or flow rate, that can result in patient injury from tissue heating, additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose. The SynchroMed II system is MR Conditional; consult the labeling for MRI information. **Precautions:** Monitor patients after pump or catheter replacement for signs of underdose/overdose. Infuse preservative-free saline at minimum flow rate if therapy is discontinued for an extended period of time to avoid system damage. EMI may interfere with programmer telemetry during pump programming sessions. EMI from the SynchroMed programmer may interfere with other active implanted devices (e.g., pacemaker, defibrillator, neurostimulator). **Adverse Events:** In addition to procedure-related risks, the following may occur: pocket seroma; hematoma; erosion; infection; pump inversion; post-lumbar puncture risks (spinal headache); CSF leak and rare central nervous system pressure-related problems; radiculitis; arachnoiditis; spinal cord bleeding/damage; meningitis; neurological impairment (including paralysis) due to inflammatory mass; allergic response to implant materials; surgical replacement due to end of service life or component failure; loss of therapy; drug overdose, or inability to program the pump due to component failure; catheter complications resulting in tissue damage or loss of or change in therapy; potential serious adverse effects from catheter fragments in intrathecal space. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com/Infumorph is a registered trademark of West-Ward Pharmaceutical. Prialt® is a registered trademark of Jazz Pharmaceuticals plc or its subsidiaries. Lioresal® is a registered trademark of Saol. USA Rx Only. Rev 0817

NEUROSTIMULATION SYSTEMS FOR PAIN THERAPY

Brief Summary: Product manuals must be reviewed prior to use for detailed disclosure.

Indications: Implantable neurostimulation systems - A Medtronic implantable neurostimulation system is indicated for spinal cord stimulation (SCS) system as an aid in the management of chronic, intractable pain of the trunk and/or limbs-including unilateral or bilateral pain associated with the following conditions:

- Failed Back Syndrome (FBS) or low back syndrome or failed back
- Radicular pain syndrome or radiculopathies resulting in pain secondary to FBS or herniated disk
- Postlaminectomy pain
- Multiple back operations
- Unsuccessful disk surgery
- Degenerative Disk Disease (DDD)/herniated disk pain refractory to conservative and surgical interventions
- Peripheral causalgia
- Epidural fibrosis
- Arachnoiditis or lumbar adhesive arachnoiditis
- Complex Regional Pain Syndrome (CRPS), Reflex Sympathetic Dystrophy (RSD), or causalgia

Contraindications

Diathermy - Do not use shortwave diathermy, microwave or therapeutic ultrasound diathermy (all now referred to as diathermy) on patients implanted with a neurostimulation system. Energy from diathermy can be transferred through the implanted system and cause tissue damage at the locations of the implanted electrodes, resulting in severe injury or death.

Warnings Sources of strong electromagnetic interference (e.g., defibrillation, electrocautery, MRI, RF ablation, and therapeutic ultrasound) can interact with the neurostimulation system, resulting in serious patient injury or death. These and other sources of EMI can also result in system damage, operational changes to the neurostimulator or unexpected changes in stimulation. Rupture or piercing of the neurostimulator can result in severe burns. An implanted cardiac device (e.g., pacemaker, defibrillator) may damage a neurostimulator, and the electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device. **Precautions** The safety and effectiveness of this therapy has not been established for pediatric use (patients under the age of 18), pregnancy, unborn fetus, or delivery. To properly assess test stimulation, patients should be detoxified from narcotics prior to lead placement. Clinicians and patients should follow programming guidelines and precautions provided in product manuals. Patients should avoid activities that may put undue stress on the implanted neurostimulation system components. Patients should not scuba dive below 10 meters of water or enter hyperbaric chambers above 2.0 atmosphere absolute (ATA). Electromagnetic interference, postural changes, and other activities may cause shocking or jolting. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging. **Adverse Events** Adverse events may include: undesirable change in stimulation described by some patients as uncomfortable, jolting or shocking; hematoma, epidural hemorrhage, paralysis, seroma, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation, gastrointestinal symptoms (diarrhea, constipation, and leakage of stool), bladder symptoms (urinary retention and frequency and leakage of urine) and surgical risks.

For further information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com. USA Rx Only. Rev 0817

Medtronic
Further, Together

Dr. Michael Esposito

MILD Procedure

SAFE, EFFECTIVE, NON-SURGICAL TREATMENT FOR LUMBAR SPINAL STENOSIS (LSS)

A minor, outpatient procedure helping patients diagnosed with Lumbar Spinal Stenosis (LSS).

MILD Procedure Facts & Information

If you're experiencing pain or numbness in your lower back when you're standing upright... OR pain, numbness, tingling in your legs or buttocks when you walk... you may be suffering from a condition called Lumbar Spinal Stenosis (LSS). The MILD procedure is a safe, effective treatment option that delivers significant pain relief for LSS patients.

In fact, study data show that 79% of patients experience a significant reduction in pain and significant increase in mobility.²

Our board-certified pain specialists are highly skilled at accurately diagnosing pain caused by LSS and effectively treating it with the outpatient MILD procedure.

What is Lumbar Spinal Stenosis (LSS)?

LSS is a condition where the spinal canal narrows and compresses the spinal cord nerves in your lower back. As we age, the natural wear and tear on our spine can lead to a number of contributing factors that cause the narrowing of the spinal canal - thickening of ligament tissue, formation of excess bone, or compression/bulging of the discs. This is a common condition, with more



than 1.2 million patients diagnosed and in treatment nationwide each year. Usually, LSS is found in people over 50 years of age, and the likelihood of developing LSS increases as we age.

Understanding the Symptoms of LSS

If your symptoms increase when you walk or stand, but you experience relief when you sit or bend forward, then you might have a certain type of LSS that can be treated by the removal of excess tissue, which is causing a narrowing of the spinal canal.

Treating Pain Caused by LSS

If you suffer from these symptoms and more conservative treatments such as physical therapy, medications, and epidural injections have not provided sufficient relief, the MILD procedure may serve you well.

If your doctor determines you have LSS caused by excess ligament, then MILD is a quick outpatient procedure, performed through a tiny incision (about the size of a baby aspirin), requiring no general anesthesia or stitches. MILD is an FDA-cleared procedure that has been performed safely on thousands of patients. Here's how the procedure works:

- **Specialized tools are inserted through a tiny incision in your back**
- **This removes small pieces of bone and excess ligament that cause the narrowing of the canal**
- **Some doctors have described treating LSS as being similar to "removing a kink in a drinking straw"**
- **An imaging machine is used to help guide your physician through the procedure**
- **Restoration of space in the spinal canal decreases the compression of the nerves**
- **This reduces pain and restores mobility**

How Long Does it Take and Expected Results?

MILD is an outpatient procedure performed in less than 1 hour and clinical studies show it's a safe, effective procedure that helps LSS patients stand longer & walk farther with significantly less pain. Some additional points about MILD to consider:

- **No general anesthesia required**
- **No implants or stitches**
- **Low complication risk**
- **53% pain reduction¹**
- **Standing time increase from 8 to 56 minutes³**
- **Walking distance increase from 246 to 3,956 feet³**
- **Able to resume light activities within just a few days**



If you experience relief when you sit or bend forward, then you might have a certain type of LSS

*Results may vary:

1. Data based on average of responder group at 1 year from MiDAS I study.
2. Based on SPORT study.
3. Averages based on clinical data from Cleveland Clinic study.



Michael Esposito, MD

- Graduate of Georgetown University School of Medicine and Residency in Anesthesiology and Critical Care at University of Chicago Hospital
- Interventional Pain Fellowship at MGH/ Harvard Medical School
- Double Board Certified in Pain Medicine and Anesthesiology

YOUR PAIN RELIEF EXPERTS

OUR EXPERT PHYSICIANS



Ashish Udeshi, MD

- Interventional Pain Fellowship at the University of Miami
- Double Board Certified in Pain Medicine and Anesthesiology
- Practicing in Merritt Island, Pineda, and Palm Bay
- Medical Director



Michael Esposito, MD

- Interventional Pain Fellowship at MGH/ Harvard Medical School
- Double Board Certified in Pain Medicine and Anesthesiology
- Practicing in Palm Bay and Pineda
- Medical Director



Thaiduc Nguyen, DO

- Interventional Pain Fellowship at the University of Cincinnati
- Double Board Certified in Pain Medicine and Anesthesiology
- Practicing in Merritt Island and Pineda



S. Kamal Fetouh, MD

- Fellowship at Memorial Sloan- Kettering Cancer Center in New York
- Double Board Certified in Pain Medicine and Physical Medicine and Rehabilitation
- Practicing in Merritt Island, Pineda, and Palm Bay

OUR PHYSICIAN EXTENDERS



Michael Thomas, PA-C

- Board Certified by the National Commission on Certification of Physician Assistants (NCCPA)
- President of Space Coast Clinicians since 1987
- Practicing in Pineda



Patricia Dunn, DNP, APRN-BC

- Board Certified as an Advanced Registered Nurse Practitioner
- Received Doctorate of Nursing Practice from Walden University in 2015
- Practicing in Merritt Island



Amanda Nolte, APRN-C

- Board Certified as an Advanced Registered Nurse Practitioner
- Recognized for her volunteer work in local charities as an on call APRN
- Practicing in Merritt Island and Pineda



Justin Fitz, PA-C

- Board Certified by the National Commission on Certification of Physician Assistants (NCCPA)
- Received the Eugene Stead Award in 2010
- Practicing in Merritt Island and Pineda



Elisia Luther, PA-C

- Board Certified by the National Commission on Certification of Physician Assistants (NCCPA)
- Recognized for her volunteer work in Habitat for Humanity and Friends for Life Support Organization
- Practicing in Palm Bay



Rachael Howard, APRN

- Board Certified by the American Association of Nurse Practitioners
- 10 years clinical experience in aesthetics and family medicine
- Practicing in Merritt Island, Pineda, and Palm Bay

Diagnose First, Treat Second... Brevard's Leading Interventional Pain Management Group



MERRITT ISLAND

595 N Courtenay Pkwy. | Suite 101 | Merritt Island, FL 32953

PINEDA

5545 N Wickham Rd. | Suite 104 | Melbourne, FL 32940

PALM BAY

490 Centre Lake Dr. NE | Suite 200B | Palm Bay, FL 32907

Phone: 321-784-8211

Fax: 321-394-9425

www.FloridaPainInstitute.net



Like us on Facebook

for all of Florida Pain Institute's New Innovative Treatments and Live Video Broadcasts

Dr. Thaiduc Nguyen

Trigeminal Neuralgia

TREATMENT WITH RADIOFREQUENCY (RF) NEUROTOMY

What is Trigeminal Neuralgia?

Trigeminal neuralgia (TN) or tic douloureux is a chronic, neuropathic-pain disorder that affects the trigeminal or 5th cranial nerve, one of the most widely distributed nerves in the head. TN is characterized by sporadic episodes of extreme, sudden-onset, burning/stabbing facial pain (usually one sided) lasting for a few seconds to minutes. The intense flashes of pain can be triggered by vibration or contact with the cheek (such as when shaving, washing the face, or applying makeup), brushing teeth, eating, drinking, talking, or being exposed to the wind. The pain may affect a small area of the face or may spread. The intensity of pain can be physically and mentally incapacitating.

The trigeminal nerve has three branches that conduct sensations from the upper, middle, and lower portions of the face, as well as the oral cavity, to the brain. The upper branch supplies sensation to most of the scalp, forehead, and front of the head. The middle branch stimulates the cheek, upper jaw, top lip, teeth and gums, and to the side of the nose. The lower branch supplies nerves to the lower jaw, teeth and gums, and bottom lip. More than one nerve branch can be affected by the disorder.

What causes trigeminal neuralgia?

Trigeminal neuralgia is associated with a variety of medical conditions which include nerve compression by a blood vessel or a tumor, injury to trigeminal nerve as a result of facial trauma, oral/sinus surgery, or stroke. TN symptoms can also occur in people with multiple sclerosis, a disease that causes deterioration of the trigeminal nerve's myelin sheath.

How is trigeminal neuralgia diagnosed?

Trigeminal neuralgia is diagnosed primarily on



the person's history and description of symptoms, along with results from physical and neurological examinations. Other disorders that cause facial pain should be ruled out before TN is diagnosed which include post-herpetic neuralgia, cluster headaches, and temporomandibular joint disorder (TMJ). Most people with TN eventually will undergo a magnetic resonance imaging (MRI) scan to rule out a tumor or multiple sclerosis as the cause of their pain. This scan may or may not clearly show a blood vessel compressing the nerve. Special MRI imaging procedures can reveal the presence and severity of compression of the nerve by a blood vessel.

How is trigeminal neuralgia treated?

Trigeminal neuralgia is generally treated conservatively with oral medication such as carbamazepine (drug of choice), oxcarbazepine, amitriptyline, gabapentin and baclofen. In patients whose symptoms are refractory to conservative management, surgery such as microvascular decompression (MVD) or gamma knife surgery may be considered. While surgery is generally safe and effective for patients with advanced disease,

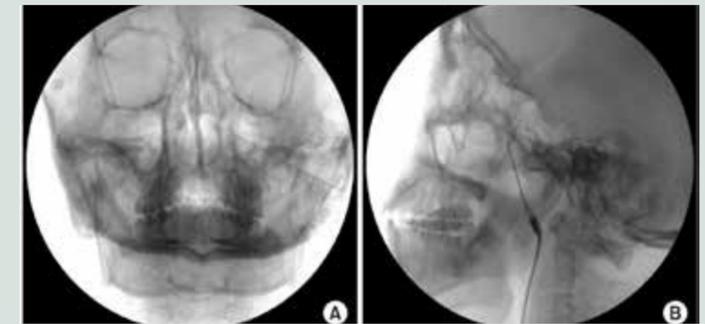
like any major surgery, it is associated with a risk of serious complications. In patients who have failed traditional therapies or are non-surgical candidates due to serious medical conditions, radiofrequency (RF) neurotomy often provides successful alternative minimally invasive treatment with a lower risk of complications.

The sphenopalatine ganglion (SPG), which sends nerve fibers to the face and head, is blocked under fluoroscopic guidance. Patients initially get a diagnostic nerve block to determine if this will provide adequate relief. If patients get good relief with improved function, then a second procedure, radiofrequency (RF) neurotomy is done to provide longer relief.

During radiofrequency ablation (RFA), the affected nerve is cauterized with an electrode using radiofrequency. RFA has been used to disrupt painful nerve fibers supplying the facet joints of the spine as well as the sacroiliac joint with excellent pain reduction and functional improvement. By selectively applying radio waves to the nerves surrounding the face (the sphenopalatine ganglion), physicians can disrupt pain signals and provide pain relief for many patients.

The procedure is an outpatient procedure and usually takes less than 30 minutes. After the procedure, patients can often ambulate and usually return to work the next day. Some patients would notice the improvement in their pain in 2 to 3 weeks but for most patients, the full benefit from the procedure may take up to 4 to 6 weeks. This procedure usually provides relief for up to 9 to 12 months and can be repeated if necessary when nerves regenerate and pain returns.

The radiographic anteroposterior view of the face (A) shows the needle tip at the lateral wall of the nose and superomedial angle of the maxillary sinus, and lateral view (B) shows the needle in the sphenopalatine fossa.



Other disorders that cause facial pain should be ruled out before Trigeminal Neuralgia is diagnosed...

Dr. Thaiduc Nguyen specializes in advanced interventional procedures such as Spinal Cord Stimulation, Peripheral Nerve Stimulation, Dorsal Root Ganglion Stimulation (Stimwave), Targeted Intrathecal Drug Delivery, Minimally Invasive Indirect Lumbar Decompression (Superion), Minimally Invasive Lumbar Decompression (MILD), Vertebral Augmentation, and Minimally Invasive Discectomy (DiscFX).



Thaiduc Nguyen, DO

- Graduate of Arizona College of Osteopathic Medicine and Residency in Anesthesiology at Medical College of Wisconsin
- Interventional Pain Fellowship at the University of Cincinnati
- Double Board Certified in Pain Medicine and Anesthesiology

Mediterranean Artichoke Chicken Sheet Pan

Recipe Yields 4 servings. Time 30-35 minutes.

Cooking a meal on a sheet pan is such a time savor and so much less to clean. Sheet pan meals make clean up really really really simple. All you have is your cutting board, knife, and the sheet pan. DONE! Just like that. Besides the ease of this recipe there are also many health benefits to cooking this recipe. This recipe follows closely to the Mediterranean Diet. This lifestyle and way of eating is one of the healthiest to practice. The low amounts of saturated fats, the abundance of vegetables, and the variety of lean proteins makes it overall very healthy. The use of olive oil, nuts, and seeds provides a healthy dose of monounsaturated fats which help reduce your pain by reducing your inflammation. Eating foods like vegetables and less starchy grains and wheats, lean proteins, and healthy fats reduces your internal inflammation, which much of the time is a major cause of chronic pain.

Ingredients:

- | | |
|---|--|
| 4-6 boneless skinless chicken thighs | 1 lemon - juiced |
| 2-4 boneless skinless chicken breasts - diced | 1/4 cup fresh mint- torn |
| 1 medium yellow onion - large diced | 2-3 sprigs of fresh oregano - leaves removed |
| 1 green bell pepper - diced | 1/4 cup extra virgin olive oil |
| 1 can of artichoke hearts | 2 teaspoons sea salt |
| 1/4 cup green olives - halved | 1/2 teaspoon black pepper |
| 2 cups tricolor potatoes - halved | Feta cheese for garnish |
| 2 Tablespoons lemon zest | |

Method:

1. Preheat the oven to roast 425 degrees.
2. Cut the potatoes and place in a bowl. Toss together with 1 Tablespoon olive oil, 1/2 teaspoon of, half the lemon zest and 2 pinches of pepper. Place the tossed potatoes on the sheet pan. Make sure to spread them out.
3. Then add the artichokes, green bell pepper, green olives, and onions on the sheet pan.
4. In a bowl add the chicken thighs and chicken breast with the remaining salt, pepper, olive oil, half the oregano leaves, and lemon juice. Mix it all together using tongs. Then place the chicken on the sheet pan.
5. Roast in the oven for 10 minutes at 425 degrees. Then lower the heat to 375 degrees and continue to cook for another 10-12 minutes. Once the chicken is cooked and the potatoes are fork tender remove the sheet pan from the oven, garnish with the fresh mint and remaining oregano and crumbled feta cheese. Enjoy!



Recipe and photographs by Alexandra Golovac
@atasteofwellbeing www.atasteofwellbeing.com



Central Florida's Imaging Specialists



- 3 Tesla MRI
- High Field Open MRI
- CT
- MRA and CTA
- Ultrasound
- X-ray
- DEXA
- Arthrograms
- Steroid Joint Injections
- Oral and IV Sedation

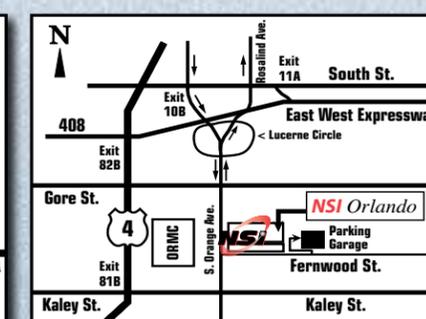
3 Locations to Serve You



NSI Melbourne
2222 S. Harbor City Boulevard
Suite 520
Melbourne, FL 32901
(321) 409-9990
Fax (321) 409-9989



NSI Merritt Island
255 N. Sykes Creek Parkway
Suite 102
Merritt Island, FL 32953
(321) 454-6335
Fax (321) 454-4897



NSI Orlando
1315 S. Orange Avenue
Suite 1B
Orlando, FL 32806
(407) 999-9977
Fax (407) 999-9988

WWW.NSIMRI.COM

BOARD CERTIFIED SUBSPECIALIZED
RADIOLOGISTS ON SITE

Dr. S. Kamal Fetouh, MD

Leading Interventional Pain Management Physician

SPECIALIZING IN SEVERAL TREATMENTS INCLUDING AMNIOFIX®



Musculoskeletal pain is most often caused by an injury to the bones, joints, muscles, tendons, ligaments, or nerves. This can be caused by jerking movements, car accidents, falls, fractures, sprains, dislocations, and direct blows to the muscle in the younger patient population. Musculoskeletal pain can also be caused by overuse. Pain from overuse affects 33% of adults. Degenerative joint disease such as seen with osteoarthritis is the most common musculoskeletal pain disorder in the older patient population. **Osteoarthritis** is the most common form of arthritis, affecting millions of people worldwide. It occurs when the protective cartilage on the ends of your bones wears down over time. Although osteoarthritis can damage any joint in your body, the disorder most commonly affects joints in your hands, knees, hips and spine.

Regenerative medicine holds the promise of definitive, affordable health care solutions that heal the body from within. Regeneration involves delivering specific types of cells or cell products to diseased tissues or organs, where they will ultimately restore tissue and organ function. This can be done through cell-based therapy or by using cell products, such as growth factors. The use of stem cells are an example.

Stem cells have the ability to develop — through a process called differentiation — into many different types of cells, such as skin cells, brain cells, lung cells and so on. Stem cells are a key component of regenerative medicine, as they open the door to new clinical applications. Stem cells and their use in regenerative medicine have been in the media a lot lately. But what exactly does it mean? Physicians and researchers say it has to do with developing completely new ways to treat and manage chronic diseases such as diabetes, heart failure, and degenerative nerve, bone and joint conditions. A novel way to recruit stem cells is through the use of amniotic tissue.

Amniotic membrane is the cover surrounding the baby (placental membrane), and is typically discarded after the baby is born. Amniotic membrane has been the subject of many scientific publications evaluating its use in the modulation of inflammation, the reduction of scar tissue formation, and enhancing the body's own healing process.



Musculoskeletal pain can also be caused by overuse

AmnioFix® is a human amniotic membrane allograft. AmnioFix contains natural factors, called growth factors. Growth factors are powerful agents that our bodies produce to signal our own stem cells to come to the target site and help the site to heal.

At **Florida Pain Institute** we are proudly able to perform this new treatment option for our patients. If you have been diagnosed with an injury resulting in inflammation where conservative treatments such as anti-inflammatories, physical therapy, and bracing have not provided symptomatic relief, and you have reached your limit of steroid injections or you want a non-steroidal option then talk to your doctor about AmnioFix as a treatment option for you. Improve your quality of life today.

Now Seeing Patients At ALL Locations!

Merritt Island

595 N Courtenay Pkwy., Suite 101
Merritt Island, FL 32953
Fax: 321-394-9425

Pineda

5545 N Wickham Rd., Suite 104
Melbourne, FL 32940
Fax: 321-394-9425

Palm Bay

490 Centre Lake Dr. NE, Suite 200B
Palm Bay, FL 32907
Fax: 321-394-9425

New Patient Fax: 321-336-7656



S. Kamal Fetouh, MD

- Residency at Thomas Jefferson University in Philadelphia, where he served as Chief Resident
- Fellowship at Memorial Sloan-Kettering Cancer Center in New York
- Double Board Certified in Pain Medicine and Physical Medicine and Rehabilitation



THE FLORIDA PAIN INSTITUTE FAMILY



FLORIDA PAIN INSTITUTE



REFERRAL GUIDE

New Patient Coordinator for Merritt Island
Brenda Pacheco at Ext 6241103#

New Patient Coordinator for Pineda and Palm Bay
Milli Davis at Ext 6251215#

INSURANCES WE ACCEPT

AARP Medicare Complete Wellmed PPO
AARP Medicare Supplement
(only 2nd to Medicare)
AARP UHC Medicare Complete PPO
AETNA PPO/EPO (Auth for Proc)
Assurant Health
Auto (1 week)
AVMED (Auth Proc)
BCBS Advantage
BCBS Federal
BCBS Medicare Advantage
(Medicare Replacement)
CHAMP VA

CIGNA
CIGNA Great West
Coventry PPO
Evercare
First Health PPO
Florida Blue PPO (BCBS)
Florida Hospital
Galaxy Health
GEHA
Golden Rule
Health First
Humana Medicare Advantage
LOPs (Letter of Protection)

Mail Handlers (Auth for Proc)
Medicare
Molina Medicare (Auth for Proc)
Multi Plan
Tricare For Life
Tricare South
Tricare Standard
United Healthcare Pro
UHC Medicare Replacement PPO
UHC Shared Services (PPO)
UMR
Workers Comp (Regular And Settled)

INSURANCE THAT REQUIRES AUTHORIZATION (SCHEDULE OUT 2 WEEKS)

AARP Medicare Complete
Wellmed HMO
AARP UHC Medicare Complete HMO
AETNA HMO
CarePlus HMO
Coventry Adventra
Coventry HMO

Coventry Medicare HMO
First Health HMO
Freedom Medicare Advantage
Humana Medicare Advantage (Gold Plus)
Humana HMO
Humana HMO Premier Open Access
Humana Medicare Advantage (Gold Plus)

Secure Horizons
Tricare Prime (Retired)
United Health Care Compass HMO
United Health Care Medicare Replacement
Veterans Administration
WellCare

MERRITT ISLAND

595 N Courtenay Pkwy., Suite 101
Merritt Island, FL 32953

PINEDA

5545 N Wickham Rd., Suite 104
Melbourne, FL 32940

PALM BAY

490 Centre Lake Dr. NE, Suite 200B
Palm Bay, FL 32907

floridapaininstitute.net | Phone: **(321) 784-8211** | Fax: **(321) 336-7656**



us on Facebook for all of FI Pain's New Innovative Treatments and Live Video Broadcasts