

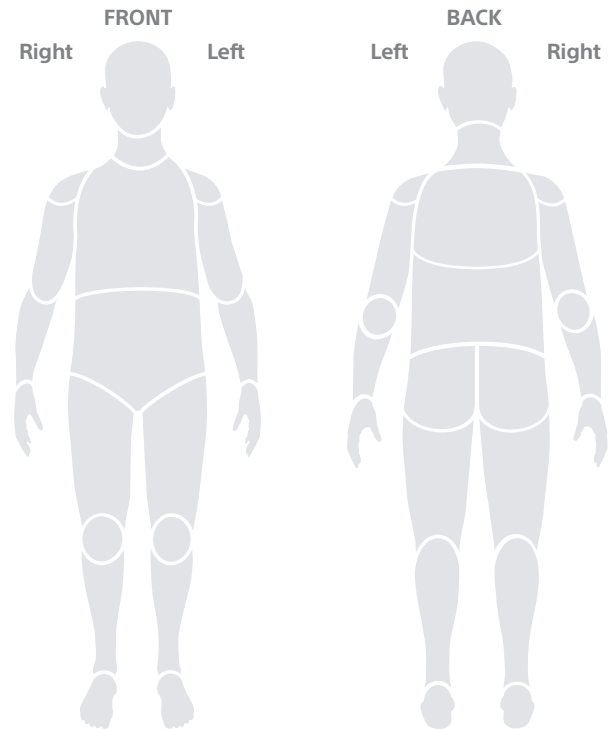
# Doctor Discussion Guide

**Welcome to relief.** This discussion guide will help you prepare to get the most out of your doctor visit by quickly and easily describing your pain, as well as suggesting questions you may want to ask.

**Complete this guide before your doctor visit** and bring it with you. Be ready to take notes. And consider having a family member or friend join you to help capture all the information you need.

## Explain your pain in detail

**Where do you feel pain?** (indicate on body map; add details below)



**How long have you been experiencing pain?** (choose one)

- Less than 6 months
- 6 months to 1 year
- 1 year to 2 years
- More than 2 years

**What is your average level of pain?** (choose one)

On a scale from 1 to 10, with 1 representing minimal and 10 representing most severe, rate your personal pain.



**How would you describe the pain?** (choose all that may apply)

- Aching
- Burning
- Electric shocks
- Freezing
- Numbness
- Pins and needles
- Prickly
- Radiating
- Sharp
- Shooting
- Stabbing
- Tender
- Throbbing
- Tingling
- Weakness
- Other (describe)

**Notes:**

**What have you already tried to help manage your pain?** (choose all that may apply)

- |  |  |
|--|--|
| Adjusting activity/rest  | Transcutaneous electrical nerve stimulation (TENS)   |
| Ice or heat pads   | Prescription medications such as muscle relaxants, antiseizure drugs, and some antidepressants |
| Exercise/physical therapy  | Prescription opioids   |
| Adjusting diet   | Nerve blocks   |
| Acupuncture, massage, or spinal adjustment                                   | Surgery  |
| Interventional procedures  | Other (explain):   |
| Over-the-counter medications such as anti-inflammatory drugs (eg, ibuprofen) |  |

Here are some questions you may want to ask your doctor or pain management specialist.

- What type of treatment options are available for my condition? \_\_\_\_\_
- Would a non-opioid treatment such as spinal cord stimulation (SCS), Vertiflex™ Procedure†, or radiofrequency ablation (RFA) be effective for my pain? \_\_\_\_\_
- Will the treatment work if I have pain in more than one area? \_\_\_\_\_
- What restrictions will I have with this type of treatment? \_\_\_\_\_
- What activities can I do after the treatment? Are there activities I should avoid? \_\_\_\_\_
- How long can I expect this treatment to provide relief? \_\_\_\_\_
- If my pain changes over time, can the treatment be adjusted? \_\_\_\_\_
- Will I be able to stop taking pain medications? \_\_\_\_\_
- What can I expect when receiving the treatment? \_\_\_\_\_
- What are the risks associated with receiving the treatment? \_\_\_\_\_
- What are some side effects I might experience? \_\_\_\_\_
- Does my insurance cover this treatment? \_\_\_\_\_

**Notes:**

†Superion™ Indirect Decompression System.

Indications for use: The Superior™ Indirect Decompression System (IDS) is indicated to treat skeletally mature patients suffering from pain, numbness, and/or cramping in the legs (neurogenic intermittent claudication) secondary to a diagnosis of moderate degenerative lumbar spinal stenosis, with or without Grade 1 spondylolisthesis, having radiographic evidence of thickened ligamentum flavum, narrowed lateral recess, and/or central canal or foraminal narrowing. The Superior™ Interspinous Spacer is indicated for those patients with impaired physical function who experience relief in flexion from symptoms of leg/buttock/ groin pain, with or without back pain, who have undergone at least 6 months of non-operative treatment. The Superior™ Interspinous Spacer may be implanted at one or two adjacent lumbar levels in patients in whom treatment is indicated at no more than two levels, from L1 to L5.

Contraindications, warnings, precautions, side effects. The Superior™ Indirect Decompression System (IDS) is contraindicated for patients who: have spinal anatomy that prevent implantation of the device or cause the device to be unstable in situ (i.e., degenerative spondylolisthesis greater than grade 1), Cauda equina syndrome, or prior decompression or fusion at the index level, scoliosis or spinous process fractures, osteoporosis, infection, allergy or reaction to any metal or implant or a high Body Mass Index. Avoid strenuous activity for 6 weeks after surgery, contact your physician if there is fluid leaking from your incision, if you have pain, swelling or numbness in your legs or buttocks or if you fall. Refer to the Instructions for Use provided on [www.vertiflex.com](http://www.vertiflex.com) for additional Indications for Use, contraindications information and potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.