



Riverside County Medical Association
AND
Inland Empire Health Plan
Presents This Jointly Sponsored CME Program:

Assessment and Treatment of Low Back Pain

Educational Objectives

At the conclusion of the program, participants should be able to:

- Define efficient methods of evaluating patients with low back pain
- Discuss indications for further investigational studies
- Identify who is and who is not a candidate for surgery

FEATURING

John Steinmann, D.O.

Orthopedic Surgeon
Fellowship Trained in Spinal Surgery
Arrowhead Orthopaedics

Where: Inland Empire Health Plan
303 E. Vanderbilt Way
San Bernardino, CA 92408

Date: Wednesday, February 9, 2011

Time: 6:30 p.m. Dinner Included

If you should have any questions, please call Carina Ramirez at (909) 890-2067

The presentational method will be lecture and Q&A period, and will be evaluated by each participant using an evaluation form especially designed for this presentation. The activity content is geared toward the Primary Care Physicians, but all physician specialties are invited to attend.



This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of Riverside County Medical Association and Inland Empire Health Plan. The Riverside County Medical Association is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Riverside County Medical Association takes responsibility for the content, quality and scientific integrity of this CME activity.

Riverside County Medical Association designates this educational activity for a maximum of 1 (one) AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

RSVP by Friday, February 4, 2011

There are 3 ways to register

- Email to Ramirez-ca@iehp.org including all your information
- Fax this form to (909) 891-1577
- Mail your request to IEHP, Attn: Carina Ramirez
303 E. Vanderbilt Way, San Bernardino, CA 92408

Name _____ Degree _____ Lic # _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

Email _____

