ROCKY MOUNTAIN NEURODIAGNOTIC SOCIETY

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QUARTERLY NEWSLETTER

Exciting Scholarship News!

We are thrilled to announce that RMNDS is offering two new scholarship opportunities for our members this year! We want to support your professional growth by offering scholarships to cover the ASET Annual Conference registration fees and another for Board Prep materials. Keep an eye on your inbox—more information and application details are coming soon!

STAY CONNECTED

Website:
www.rmnds.com
Instagram:
RMNDS.ASET
LinkedIn:
Rocky Mountain Neurodiagnostics Society
Email:
rockyneurotechs@gmail.com

ARE YOU HIRING?

Contact us via email or social media for your job posting to be featured in the newsletter an on socials.

NEW BOARD MEMBER SPOTLIGHT: RILEY RIDGE

Hi, I am Riley Ridge, the newest Board Member to the RMNDS team. I grew up in coastal Southern California with a strong love for the outdoors and being active. Both of these passions led me to moving to Montana in 2010 to pursue a degree in Health and Human Performance. Unsure after graduation what my "niche" in this field would be, I was fortunate to be introduced to Intraoperative Neuromonitoring by my future boss and mentor. Hired in 2017 by IntraNerve Neuroscience, as a trainee I dove deep into the world of neurodiagnostics and I couldn't be happier. This career opportunity led me to earning my CNIM certification and pursuing additional traditional education in Neuroscience and Healthcare Administration. As a CNIM, I thoroughly enjoy getting to challenge my brain every day, maintain my physiology knowledge base, and be directly involved in positive patient outcomes. Outside of the OR I am an avid trail runner and skier but really enjoy any recreation that will get me out in the mountains with my Australian Shepard.

RMNDS EDUCATION SPOTLIGHT: SELF-LIMITED CHILDHOOD OCCIPITAL EPILEPSIES

Two childhood epilepsy syndromes once grouped as occipital epilepsies are classified by the International League Against Epilepsy (ILAE) as Self-Limited Epilepsy with Autonomic Seizures (SeLEAS) and Childhood Occipital Visual Epilepsy (COVE). SeLEAS was formerly known as Panayiotopoulos syndrome and COVE previously called Gastaut type. Both are self-limited with excellent outcomes, but they differ in seizure semiology and interictal EEG patterns that are important for EEG interpretation.

SeLEAS typically presents earlier in childhood and is associated with prolonged autonomic seizures, often arising from sleep. Interictal EEG commonly demonstrates high-amplitude spikes or sharp waves that are multifocal and shifting, with posterior or occipital predominance.

COVE presents later in childhood and is characterized by brief focal visual seizures during wakefulness, frequently followed by migraine-like symptoms. Interictal EEG most often shows occipital spike- or sharp-wave discharges, though additional focal or generalized epileptiform activity may be present.

In both syndromes, epileptiform discharges are frequently activated during drowsiness and sleep, and posterior discharges may be enhanced with eye closure. Photic stimulation and hyperventilation are typically non-activating. Despite some EEG overlap, SeLEAS tends to appear more multifocal, while COVE more consistently demonstrates occipital spikes and sharps.

UPCOMING EDUCATION OPPORTUNITIES ACROSS THE FIELD

- February 12: ACNS ICU EEG Special Interest Group Session
- February 19-22: ACNS Annual Meeting & Courses - New Orleans, LA

RMNDS - A CHAPTER OF ASET