

References

M-13

1. Hayes, Inc. Health Technology Assessment. *Multimodal Intraoperative Monitoring (MIOM) During Surgery for Scoliosis and Spinal Deformities*. Lansdale, Pa: Hayes, Inc. 01/22/2019.
2. Hayes, Inc. Health Technology Assessment. *Multimodality Intraoperative Monitoring (MIOM) During Cervical Spinal Surgery*. Lansdale, Pa: Hayes, Inc. 01/16/2019.
3. Charalampidis A, Jiang F, Wilson JR, et al. The use of intraoperative neurophysiological monitoring in spine surgery. *Global Spine J*. 2020;10(1):104S-14S.
4. Koo DL, Lee WG, Hong SC, et al. Clinical usefulness of intraoperative motor-evoked potential monitoring during temporal lobe epilepsy surgery. *J Clin Neurol*. 2019;15(3):285-91.
5. Sutter M, Eggspuehler A, Jeszenszky D, et al. The impact and value of uni-and multimodal intraoperative neurophysiological monitoring (IONM) on neurological complications during spine surgery: A prospective study of 2728 patients. *Eur Spine J*. 2019;28(3):599-610.
6. Cirocchi R, Arezzo A, D'Andrea V, et al. Intraoperative neuromonitoring versus visual nerve identification for prevention of recurrent laryngeal nerve injury in adults undergoing thyroid surgery. *Cochrane Database Syst Rev*. 2019(1).
7. Wang S, Ren Z, Liu J, Zhang J, Tian Y. The prediction of intraoperative cervical cord function changes by different motor evoked potentials phenotypes in cervical myelopathy patients. *BMC Neurol*. 2020;20:221.
8. Pan S, Chen J, Cheng W, Lee H, Shen C. The role of tailored intraoperative neurophysiological monitoring in glioma surgery: A single institute experience. *J Neurooncol*. 2020;146:459–467.
9. Skinner S, Cohen B, Morledge D et al. Practice guidelines for the supervising professional: Intraoperative neurophysiological monitoring. *J Clin Monit Comput*. 2014;28:102-111.