



## ► Editor's Note

### Progression of inter-professional care for people in pain

It is fantastic to see so many innovative ways to send out the message that people with complex pain (and their carer's) can now access information.

The colourful and informative NSW pharmacy folder to be used with repeats scripts in those patients requesting pain related prescribed medications looks like a simple and hopefully highly effective way to distribute information directly to people in pain.

This edition also provides an update on the establishment of the WA New Paediatric Complex Pain Service. Two important updates from the Australian Physiotherapy Association on the launch in April 2014 of the new physiotherapy pain network, as well as the "Convergent Thinking Divergent Voices" feature, which reports on

"the range of voices evident in the study of pain", including Malcolm Hogg as a representative of the APS.

The review article on Complex Regional Pain Syndrome (CRPS) then highlights the importance of implementing a structured approach for patients who appear to be developing CRPS. This is backed up with an IASP survey on CRPS.

The hope is that at the end of the day, making pain services "more visible" and therefore easier to "find" should result in earlier access to appropriate services, with better outcomes for patients and their families.

Thankfully, winter will soon finish, seasons will change, and Will Howard will be coming back to the southern hemisphere ☺.

Regards,

**Stephanie Davies**

Newsletter Co-Editor

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# ONE ON ONE - A BROAD APPEAL

Reproduced with the kind permission of the Australian Physiotherapy Association. This article was first published in their "InMotion" magazine, April 2014 edition.



## ONE ON ONE

### A BROAD APPEAL

April marks the launch of the APA's new Pain Network. For this reason, CEO Cris Massis chats with the chair of the network's organising committee, Lester Jones, APAM, about what its formation will mean for a range of interested members.

**What was the main impetus behind the construction of the pain network? Why was there an explicit need for the new network?**

I remember Judy Chen and Lois Tonkin, both pioneers in pain management, dragging me along to an early but unsuccessful attempt to get a special interest group set up in Sydney in the late 1990s. Even before that David Butler and associates had organised the landmark 'Moving in on Pain' conference, so I would say the need has been evident for a long time. But I think more recently, with increasing numbers of physiotherapists working in pain management, and an increasing awareness of the complexity of pain, the need for an organised professional group to support and advance knowledge and skills in this area has become paramount.

**The field of pain is extremely broad and goes across a number of different spheres and clinical groups—with this in mind, what challenges and opportunities exist for the network?**

The opportunities are huge. First and foremost, there will be opportunities to involve and integrate other clinical groups within the APA. We only need to review some of the topics at the APA conference last year to see expertise in pain is valued across clinical groups. The Pain Network will provide a platform for clinicians, researchers and scholars with expertise in pain to share and discuss ideas, and strengthen cross-specialty knowledge and skills.

There is also an opportunity for the network to support the training of physiotherapists at both pre- and post-registration levels. This support could include providing guidance to course-development teams and assisting with the mapping and implementation of physiotherapy-specific pain curricula, such as those developed by the International Association for the Study of Pain (IASP). I admit this could also be seen as a challenge, as curricula are already overflowing with content, so there will need to be some cleverness applied to any resolution.

I think another challenge will be encouraging members to join the network when they are already members of more established groups. The key I believe is to ensure the Pain Network provides information, knowledge and support to the key stakeholders (who I suspect will be physiotherapists working in pain management settings) but then also provides appropriate information, knowledge and support to physiotherapists who work in

other contexts. The network needs to be primarily about supporting excellence in the assessment of pain and interventions to reduce or manage pain ... in all contexts of healthcare.

**Pertaining to the expansive nature of the field, how easy or difficult will it be to create events or materials for this network?**

The setting up of joint events with other clinical groups on topics and issues that have been identified by their members will be an obvious starting point. Beyond these collaborations are the opportunities for cross-discipline events. Professor Phil Siddall's webinar 'Treating chronic pain' is a good example of how to draft knowledge and skills of other disciplines into the profession. There are also well-established discipline and interdisciplinary groups, dedicated to enhancing the management of pain, who have expertise and resources that can be drawn on in creating professional development activities.

**What are some of the ways that the network will support physiotherapists working in the field of pain?**

Through professional development, the network will assist physiotherapists to successfully negotiate the complex clinical reasoning required when working with someone in pain, as well as providing the opportunities for skill development. It will signpost tools and other resources that can enhance the processes of assessment, treatment and research. I hope it will also start a conversation that encourages physiotherapists working in the field to reflect on their clinical practice, and to keep adjusting, refining and enhancing what they do.

# ONE ON ONE - A BROAD APPEAL

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## **What do you want to say to those members who are thinking of joining the network?**

We are being challenged in how we think about pain. National and international initiatives, including Australia's National Pain Strategy and the Declaration of Montreal, have highlighted that we need to adopt new ways of dealing with pain. Increasingly, federal and state government funding models are being refined to emphasise the sustainable delivery of pain services and care. Amongst this change, we find ourselves at an exciting time as we start to embrace the application of pain science into physiotherapy practice.

There have been some intellectually courageous physiotherapists who have set the scene. I make special mention of Max Zusman and Louis Gifford—who sadly both passed away recently—as well as living treasures, David Butler and Lorimer Moseley. It is time to build on their foundation and explore what is possible in the diverse communities in which we work.

## **What does the new network hope to achieve in the future?**

We hope the network's support of pre-registration training results in all graduating physiotherapists having a core level of knowledge related to the pain sciences, inter-professional working, and person-centred care.

We also hope we can establish a process where the unique and specialised knowledge and skills of those working in settings where people's main problem is pain are recognised within the profession.

## **What is your personal vision as interim chair?**

I'd like the network to help the profession embrace the revolutionary knowledge that the brain can change itself. Knowledge of activity-dependent neuroplasticity is fundamental, not just to understanding the human pain experience, but to aid physiotherapy practice.

Related to this is how the state and structure of the nervous system is a reflection of a person's biopsychosocial life experience. Incorporating a biopsychosocial approach into clinical practice and research is not always easy. An article published recently reflected on the 25 years post Gordon Waddell's landmark paper proposing a biopsychosocial approach to low back pain. The author's conclusion was that the model has not always been applied appropriately. I hope the function and activities of the network will work to improve the application of this whole-person approach.

Pet issues aside, my personal vision for the network is for it to become a rich, innovative, inclusive community that nurtures, supports and promotes excellence in the assessment and treatment of all forms of pain.

## **What do you anticipate will be the next step for the field of pain moving towards the future? What is its next big challenge?**

The next big challenge is to truly understand the social influences and determinants of pain. We need only to observe human pain behaviour to realise pain is not just for alerting the individual to danger. Pain behaviour warns others but can also elicit empathy and caring

behaviour in other individuals. There is already evidence to suggest the empathy of people in the immediate vicinity influences the pain someone feels. What does that mean for our interactions as health professionals?

**As you mentioned earlier, there are a number of national and international bodies and organisations relating to pain. How do you imagine the new network will collaborate with these related groups? How could the presence of an APA network influence the prominence of Australian physiotherapy within these bodies?**

The establishment of Pain Network will enable the reinforcement of some already established links, both nationally and internationally. The APA has representatives who liaise with Australian Pain Society, painaustralia, and IASP. The network will provide an opportunity for enhanced discussion on issues that arise from these organisations and lead to more targeted input from the physiotherapy profession..

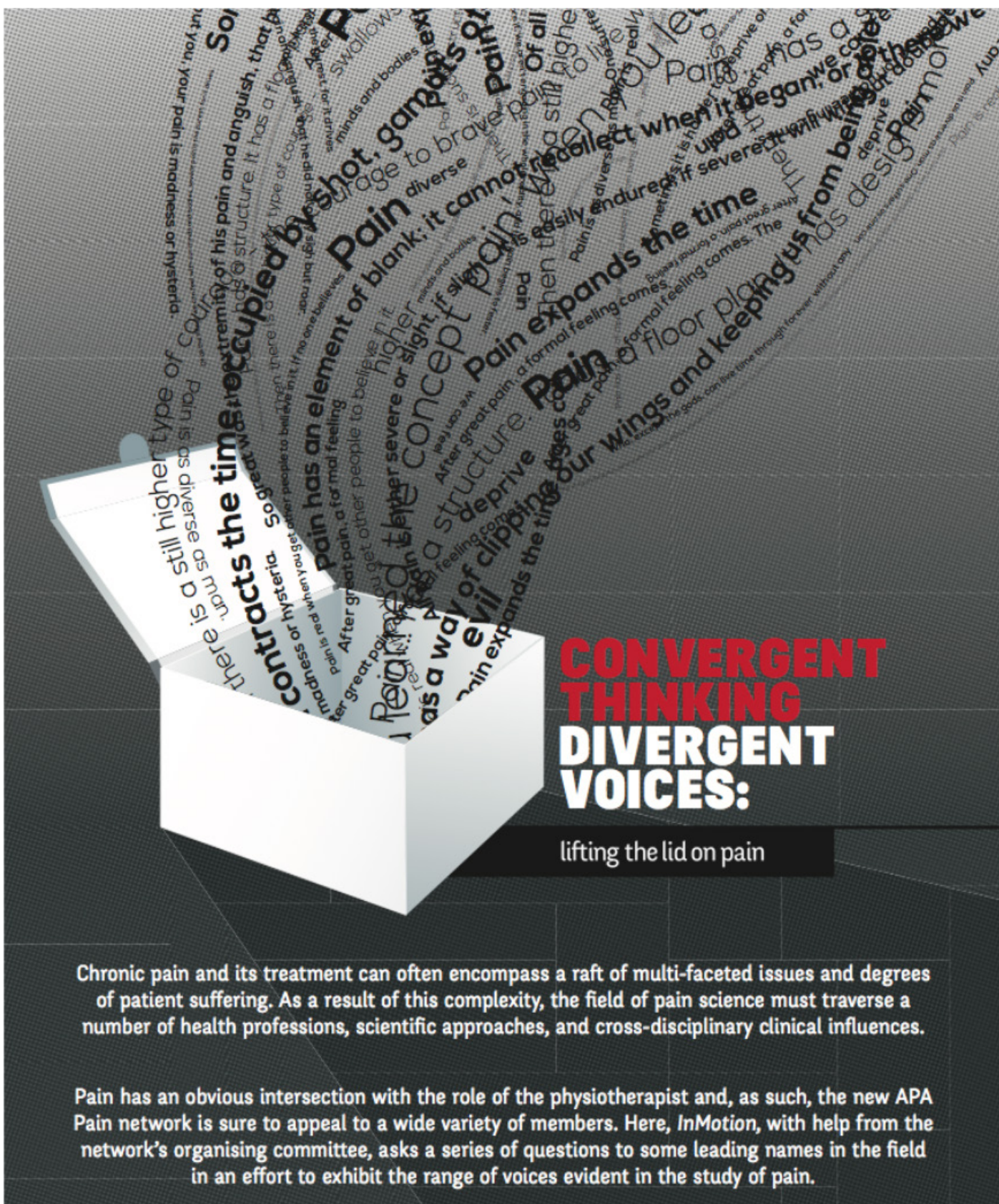
I am also keen for the Pain Network to establish links with the World Confederation for Physical Therapy Pain Network and the Physiotherapy Pain Association, UK. These organisations will be great allies in taking the physiotherapy pain agenda forward.

**For more information on the benefits of joining the Pain Network, email [ngf@physiotherapy.asn.au](mailto:ngf@physiotherapy.asn.au) or call 1300 306 322.**

**Turn to the features section starting on page 26 for articles focusing on the broad spectrum of pain science.**

# CONVERGENT THINKING - DIVERGENT VOICES: LIFTING THE LID ON PAIN

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Chronic pain and its treatment can often encompass a raft of multi-faceted issues and degrees of patient suffering. As a result of this complexity, the field of pain science must traverse a number of health professions, scientific approaches, and cross-disciplinary clinical influences.

Pain has an obvious intersection with the role of the physiotherapist and, as such, the new APA Pain network is sure to appeal to a wide variety of members. Here, *InMotion*, with help from the network's organising committee, asks a series of questions to some leading names in the field in an effort to exhibit the range of voices evident in the study of pain.

# CONVERGENT THINKING - DIVERGENT VOICES: LIFTING THE LID ON PAIN

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## THE EDUCATOR

**DR ADRIAAN LOUW**

International Spine & Pain Institute

### **What are your favourite metaphors to use to help describe the complexity of pain to patients?**

The nervous system works like an alarm system. It activates to inform us of danger, like stepping on a nail, and calms down when the threat is removed. In some people, the alarm system remains extra sensitive, which creates less space for exercise, work, etc. Your sophisticated alarm system contains various sensors to tell you how cold it is outside or how stressed you are. Thus, increased feeling in an arm or leg is just that ... not necessarily that something is wrong.

If your alarm system keeps 'buzzing' for long periods, it will wake the neighbours. You hurt your back three months ago; the alarm went off and is still 'buzzing'. The low back's neighbours are the hips, upper back, etc. Increased awareness of these areas doesn't mean an injury, but an extra-sensitive alarm system.

### **What are the main barriers that you encounter when educating patients with an 'explain pain' model rather than a 'biomedical model'?**

Therapists may encounter barriers in regards to time constraints, reimbursement issues for cognitive therapy, and challenges from colleagues and other healthcare providers (the biomedical model is so ingrained in society). As for the patient, we hear so many 'You think it's in my head?', 'My MRI shows ...', 'You don't believe me', 'This is too simple.' Patients are afraid and angry. They've been let down so many times. They've lost hope and are truly suffering. Some identify themselves by their pain; losing it is losing a part of themselves. Add to this the perception that if pain doesn't show up on a scan or test, it's just 'in your head' and not real.

### **What are some of the challenges you have faced when educating clinicians? How can these issues be overcome?**

Apathy, ego, fear of the unknown and complacency, to name a few. The more I deal with clinicians, however, the more I think it stems from significant clinical issues. Neuroscience education (NE) research is very good and ever expanding, but little is

written on 'real life' clinical issues, which include time constraints in busy clinics, reimbursement, merging it with movement-based therapies, and executing the NE itself.

To overcome this, we need more answers from clinical research and clinical application articles by journals. There is a huge fallacy regarding NE: for patients to make significant change, we need lengthy sessions around a table to 'make them believe'. Our newer studies (and clinical experience) show patients receiving NE benefit significantly from short 5-10 minute NE messages while busy with movement-based therapies. The NE occurs almost incidentally while patients are exercised, mobilised or manipulated.

Changing clinical language and explaining therapeutic treatments from a neuroscience perspective occurs all day long, by everyone in our clinic. It's even reflected in our clinic's décor. The message is constant, subtle and builds on itself session after session to where the patient becomes soaked in it.

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## THE ADVOCATE

### PROFESSOR MICHAEL COUSINS

Pain Management and Research Centre,  
Royal North Shore Hospital

#### How important is it to promote the role of pain relief as a basic human right?

I think that there are very strong reasons based upon disease burden. In the industrialised world, we know that one in five people have chronic pain. So this makes it a very major healthcare problem.

Through Painaustralia we are arguing for chronic pain to be made a national healthcare priority. So it's not just the prevalence of the pain that is important, it is the fact that those one-in-five Australians have either severe or medium-level disability. And those with severe disability are more disabled than are patients with congested cardiac failure. So that gives one some sort of a feel for the severity of the problem but it doesn't really touch upon the human element of this. Chronic pain—pain that is present for more than three to six months—is present all day and every night for many of these patients. And what happens is that every aspect of their life is eroded and their quality of life is close to zero. I don't think any member of the general community would not want chronic pain treatment to be put as a high priority on ethical and moral grounds, because a person experiencing severe chronic pain all the time is in a similar situation to somebody being tortured.

#### In 2010, you played a lead role in the formation of Australia's National Pain Strategy—the first of its kind in the world. Is it currently too early to measure its outcomes?

No it's not. In fact, in the near future, Painaustralia will review the progress from the National Pain Strategy's first publication to the current time. In that time, five states of Australia have now made major initiatives in this field. For instance, New South Wales has developed its own detailed, state-wide pain management strategy and \$26 million dollars has been allocated for its first four years. Queensland has also allocated a similar amount of money, while Victoria, Western Australia, and Tasmania have all implemented initiatives since the publication of the National Pain Strategy.

Perhaps even more important is that more than 50 per cent of all Medicare Locals have put up their hand to have the management of chronic pain as part of their Medicare Local activity. In other words, they will be using a team approach with the key ingredients that were identified in the National Pain Strategy.

#### How does the field of pain advocacy in Australia compare to that of other countries?

Australia is leading the world by a substantial amount. While part of this success has been due to the number of individuals have put a lot of time and effort into the field, I think equally important is that we have a single body, Painaustralia, taking the lead role in advocacy and there are 150 organisations that have utilised Painaustralia as a spearhead, if you will. This backing has allowed Painaustralia to have strong credibility with the federal and state governments.

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## THE LEADER

**DR MALCOLM HOGG**

President, The Australian Pain Society

### **What are some of the key Australian Pain Society (APS) activities, initiatives and collaborations that are relevant to physiotherapists?**

The Australian Pain Society aims to promote improvements in multidisciplinary pain practice via its support of education, research and the promotion of clinical care developments. Our annual scientific meeting remains a strong forum for learning and collaboration, and also allows us to engage clinicians and researchers within Australia and facilitate discussion with leading international pain-management advocates.

We are currently supporting clinical developments through the Pain in Childhood special interest group, our revision of the aged care pain management guidelines, and our plan to facilitate a coordinated discussion and approach to the issue of persistent pain in Aboriginal and Torres Strait Islander communities.

Through our Waiting in Pain project, we have highlighted deficiencies in access to persistent pain services, notably in rural areas. We are also an active supporter of the electronic Persistent Pain Outcome Collaboration (ePOCC), a national initiative to improve data collection processes. The information gained from these two projects will be used to advocate for service improvements and guide all clinicians dealing with pain management to strengthen their local service delivery models.

Furthermore, through our society's support of PainAustralia, we participate in an ongoing dialogue with consumers, clinicians and researchers in order to strengthen the sector's engagement with government. The Australian Physiotherapy Association has access to these discussions via the pain society's Relationships and Communications committee, thereby giving your peak body another voice in the ongoing developments of pain management services throughout Australia.

### **Given the changing face of healthcare delivery in Australia, what opportunities do you see for physiotherapists working in pain management?**

The health sector is changing. This change is driven by two main forces: the payers (government, insurers, public) and the users (an increasingly informed consumer). As such, it will become imperative for all clinicians to have a broader understanding of health issues—from clinical conditions to system issues. Increasingly, physiotherapists will become a frontline contact for a person in pain, so sharp assessment and formulation skills will be required. The ability to offer considered and accurate advice will be as appreciated as skilled management practices. Opportunities exist for the multidimensional practitioner—combining education, motivation and

therapy skills to treat patients suffering acute and persistent pain.

Health economics justifies improving our focus on chronic pain prevention, such that knowledge of risk factors and early identification of those at risk will have an important role to play in promoting recovery. With this, physiotherapists can have such a leading role. I am particularly interested in the expanding role for optimising musculoskeletal health in older age. As we reduce the impact of cardiovascular, neurological and cancer conditions, a person's bone and muscle health looms as a significant influence on their quality of life. Developing a staged musculoskeletal health plan for adults of varying ages, which could even include supplements through to muscle training exercises, will gain significant traction with the savvy consumer.

Finally, physiotherapists have a great opportunity to participate in the health sector developments by offering leadership at opportune times. Whether it is through research, presenting at education forums or proposing pilot studies to try out new ways to provide healthcare, a flexible and informed clinician has plenty of scope to expand and develop, both professionally and personally.

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## THE PSYCHOLOGIST

### PROFESSOR MICHAEL NICHOLAS

Kolling Institute of Medical Research,  
Royal North Shore Hospital

#### **Some physiotherapists find it hard to justify incorporating psychologically informed approaches into their scope of practice. What advice do you have?**

In my experience two issues are common: the lack of confidence in utilising psychologically informed methods; and the lack of awareness of local psychologists with expertise in pain management who are prepared and able to work collaboratively with them. Thus, training is called for, as well as getting out of 'the silo' to explore ways of meeting suitable psychologists. If their concern is lack of belief in the relevance of a psychologically informed approach, then I would suggest they read my papers in *Physical Therapy*: Nicholas et al (2011); and Nicholas and George (2011). Similarly, I would recommend the famous paper from the UK by Jonathan Hill and the Keele group (2011).

There are a plethora of questionnaires and outcome measures to help identify and monitor the impact of psychological features on chronic pain.

#### **Can you suggest a sample of the most useful and widely recognised measures that physiotherapists can use?**

The ACI [Agency for Clinical Innovation] Pain Network in NSW, the Australian (and New Zealand) Pain Societies, the Australian and New Zealand Faculty of Pain Medicine have all now recommended some core measures for widespread use across both countries. These include: the depression anxiety and stress Scales (DASS-21 items); the pain catastrophising scale (PCS); the pain self-efficacy questionnaire (PSEQ); and the brief pain inventory (for pain severity and interference). In addition, the ACI and WorkCover NSW recommend using the Orebro musculoskeletal pain screening questionnaire [now the 10-item version (Linton et al 2011)]. These are all free to use and well-validated.

#### **In your knowledge, what is some of the current research efforts taking place in the psychological field of pain which will have an impact in pain treatment in the future?**

One should look at the work of Lorimer Moseley [APAM], who has evolved what might be called a new discipline combining physiotherapy, psychology and neuroscience.

While many aspects are still really experimental, this group is pushing all of us to think more closely about the mechanisms of learning and perceptual processing in relation to pain. I think that is very exciting as it challenges all of us to think outside of our usual professional silo.

Other interesting developments have been reported by Louise Sharpe [the University of Sydney] on the role of attentional bias in persisting pain, and how it might be modified for therapeutic benefit. This work builds on some work from the anxiety field by Colin Macleod [The University of Western Australia]. Also Stephen Linton, in Sweden, has been exploring better ways of using communication strategies with pain patients in order to engage patients in therapy more effectively. In our own backyard, we have been working on the role of adherence to treatment and investigating ways of enhancing it to achieve better outcomes.

**For a fully referenced version, email [inmotion@physiotherapy.asn.au](mailto:inmotion@physiotherapy.asn.au).**



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## THE CLINICIAN-RESEARCHER

### PROFESSOR PHILIP SIDDALL

Pain Medicine, Northern Clinical School,  
University of Sydney

**A large amount of your research has investigated the pain associated with spinal cord injury. What are some of things you have learnt that have been instructive in your current understanding of the human pain experience?**

Having worked in a broad range of studies over a reasonable length of time trying to find the answer to a fairly specific question—what is the answer to spinal cord injury pain?— it has become clear that it is extremely difficult to boil down a pain condition ... no matter how aetiologically specific to one, two, or even three biological mechanisms. When you throw in the effect of the mind in the pain experience and what we now know about neuroplasticity, it highlights how ambitious it is to try and identify a single drug or technique that is going to eradicate pain. I don't think we should give up on trying to find better agents or better techniques, but the treatment of chronic pain for the foreseeable future is clearly going to involve a range of pharmacological and non-pharmacological options.

**In your opinion, how successful has the field of pain been in translating research into clinical treatment? How do you think this could be improved?**

To be brutally honest, we have done pretty badly. But I think generally as a field we recognise this. I think it can be improved by developing mechanistic models that incorporate not just a very specific biological process but also some of the factors that we know influence the experience of pain. For example, I feel that brain imaging studies that have investigated the impact of emotional or cognitive processes are much closer to the 'real' experience of pain and therefore much more translatable than basic studies that identify very specific mechanisms (such as a change in one receptor) following a very specific pathology (such as a single type of nerve damage).

**What do you anticipate will be the next step for pain research moving towards the future? What is its next big challenge?**

I anticipate there will be two big steps. Despite my pessimism about identifying specific pathologies as being the answer, I think there will be some great discoveries that tell us about specific pathophysiological changes in the nervous system that are linked to our experience of pain. I suspect there will also be some great new advances that tell us about the role of the mind in pain—particularly cognitive aspects.

**You are currently undertaking projects related to the study of neuroplasticity and its linkage to one's psychological variables. How do you think this area of research could impact future treatment?**

The exciting thing to me about neuroplasticity is that it brings both physiology and psychology together and takes us a step further in meeting the challenge of treating pain. Neuroplasticity is a physiological process that is very much determined by inputs but also very modifiable by psychological processes. I think it holds tremendous potential for using our mind to impact neurophysiological systems (such as modulatory pathways) in a way that is physiologically more natural and just as effective as other interventions but without the downsides.

# CONVERGENT THINKING - DIVERGENT VOICES: LIFTING THE LID ON PAIN

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## THE NEUROSCIENTIST

**DR MICK THACKER**

Kings College London, Pain: Science & Society MSc Co-ordinator

**Why should a physiotherapist working with people with pain be interested in neuro-immunology? Further, how should physiotherapists working at a grass-roots level change the way that they treat patients?**

I think that physiotherapists working at the grass-roots level have an extremely difficult job managing patients with persistent pain based on older models which do not take into account mechanisms of pain that directly affect the individual's prognosis. Neuro-immunological mechanisms are now suspected in many musculoskeletal conditions and will usually act to adversely alter prognostic time frames. In addition they often lead to alterations in mechanosensitivity, raising the risk of false-positive responses to physical testing in the clinic. At present our understanding of how to directly affect these mechanisms is lacking.

**Have you experienced any opposition from health practitioners when contending that they must change their pain treatment approach to incorporate this new paradigm?**

Yes and no. Thankfully our profession is maturing rapidly, by both having an open mind and being persuaded by evidence. However, there are always those unwilling to have their practice/concepts challenged. In the main my work has been well received as I think that my message is 'to incorporate and modify' as opposed to 'produce an all-out change in how physiotherapists are managing pain'. Perhaps the most welcomed and most opposed construct that emerges from an understanding of these processes is that they affect how people feel and think about performing physical movement and how this negatively affects compliance with our desire to get people in pain moving.

**What is the biggest limitation in the field of neuro-immunology?**

At present much of the evidence we have about these processes is gleaned and extrapolated from animal studies, and there are only a few studies that establish the exact nature of neuro-immune interactions in patients. There is also a paucity of studies that directly assess the effect of physiotherapy interventions on neuro-immune dysfunction in pain but, fortunately, several groups are turning their attention to this area of research.

**As we advance in our understanding of chronic pain at a molecular level, are we [possibly inadvertently] accentuating the significance of pharmaceutical intervention? In contrast, what do advancements in this field mean for the role of physiotherapy in pain treatment?**

The first point I would make is that our profession is not antagonistic to pharmacological interventions. I believe that the near future will herald a new approach that better integrates pharmacological and non-pharmacological approaches to the management of persistent pain. The

psychiatry world is already making major advances in this arena, where drugs are combined with behavioural-based interventions to improve outcomes. The problem for us is that we do not have a tradition of basing our approaches on molecular mechanisms, as stated briefly above. However, the evidence suggests that movement has a unique immune privilege in the human nervous system (ie, movement has largely beneficial and well-defined effects on the nervous system). Clearly physiotherapists are in a perfect position to lead movement-based approaches.

In addition we know that the environment and setting in which treatments occur has positive effects on the immune system (see the work of Esther Sternberg). As a general rule we should treat people in group settings where social interaction and respectful humour are encouraged. Here, again, we are in an ideal position to take the central role.



# HISTORY OF THE APS

2015 Australian Pain Society 35th Annual Scientific Meeting



## Managing Pain: from Mechanism to Policy



15 - 18 MARCH 2015 | BRISBANE CONVENTION & EXHIBITION CENTRE, QLD

Expressions of Interest online at [www.dconferences.com.au/aps2015](http://www.dconferences.com.au/aps2015)

For Sponsorship and Exhibition opportunities or more information please contact the APS Secretariat

DC Conferences Pty Ltd | P 61 2 9954 4400 | E [aps2015@dconferences.com.au](mailto:aps2015@dconferences.com.au)

### SUBMISSION DEADLINES

Topical Sessions **16 July 2014**

Free Papers & Posters **3 October 2014**

Early Bird Registration **23 January 2015**

## History of the Australian Pain Society



Next year we celebrate our **35th Annual Scientific Meeting!**

We would like to gather members' recollections and any materials of the early days of the APS.

If you would like to contribute anything to this project, please contact the Australian Pain Society Secretariat on (02) 9016 4343 or via email [aps@apsoc.org.au](mailto:aps@apsoc.org.au)

We look forward to gathering your reflections and celebrating our 35 years of achievements.

# SCHOLARSHIPS CURRENT & PAST

## CURRENT SCHOLARS:

PhD Scholarship Sponsor Scholar Topic	Mundipharma #3-APS-APRA Audrey Wang “An investigation of the role of the brain in recovery from CRPS, using fMRI”
PhD Scholarship Sponsor Scholar Topic	Janssen Cilag #2-APS-APRA Sarah Kissiwaa “Pain induced synaptic plasticity in the amygdala”
PhD Scholarship Sponsor Scholar Topic	APS #5-APRA James Kang “Epigenetic influence in cognitive impairments in chronic neuropathic pain”

## PAST SCHOLARS:

PhD Scholarship Sponsor Scholar Completed Topic	APS #1-APRA Samantha South 1999 “Antinociceptive pharmacology of morphine and its major glucuronide metabolites”
PhD Scholarship Sponsor Scholar Completed Topic	CSL #1-APS-APRA Lara Winter 2004 “Antinociceptive properties of the neurosteroid alphadolone”
PhD Scholarship Sponsor Scholar Completed Topic	CSL #2-APS-APRA Anne Pitcher 2006 “Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”
PhD Scholarship Sponsor Scholar Completed Topic	Mundipharma #1-APS-APRA Kathryn Nicholson Perry 2007 “Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain”
PhD Scholarship Sponsor Scholar Completed Topic	APS #2-APRA Debbie Tsui 2008 “Preclinical studies in painful diabetic neuropathy”
PhD Scholarship Sponsor Scholar Completed Topic	Mundipharma #2-APS-APRA Zoe Brett 2011 “Individual differences in vulnerability to the development of chronic pain following injury”

# WA - NEW PAEDIATRIC PAIN SERVICE OPENS ITS DOORS

PhD Scholarship Sponsor Scholar Completed Topic	APS #3-APRA Susan Slatyer 2013 “Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”
PhD Scholarship Sponsor Scholar Completed Topic	Janssen Cilag #1-APS-APRA Mary Roberts Due 2013 “An investigation of the role of sleep in chronic pain”
PhD Scholarship Sponsor Scholar Completed Topic	APS #4-APRA Amelia Edington 2013 “Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”

## WA - New Paediatric Pain Service Opens its Doors

Western Australia’s first paediatric complex pain service began at Princess Margaret Hospital (PMH) in December 2013. The service is currently recruiting more clinical staff and will have a full interdisciplinary team operational by September 2014.

Dedicated clinic space at PMH has been renovated specifically for the service.

Children who use this service have access to an outpatient service, including regular weekly clinics with treatment from a specialist doctor and a physiotherapist.

Advice has been sought from experts around the world on how to design the service, which will include individual and group therapies as well as education and mentoring for parents to help them learn how to best support their child.

The service will be engaging in clinical research projects to improve the standard of complex pain management in Western



Australia. The first of these is Pain Activity and Coping Education (PACE) telehealth study, a pain program that uses technology similar to Skype. This program has been designed for families

where travel is a significant barrier to treatment. The program allows a child and their parent to attend PMH for a one-day workshop and then receive evidence based pain management at home for the next six weeks.

As part of its commitment to excellence the service is participating in the electronic Persistent Pain Outcome Collaboration (ePPOC). This is a project that aims to benchmark pain service outcomes across Australia to improve service delivery and outcomes.

Patients can access the service by a referral from a paediatrician.

This is for information purposes only

## PALEXIA<sup>®</sup> SR (tapentadol HCl): first, dual-pathway acting MOR-NRI analgesic in a single molecule now available on the PBS<sup>1-4</sup>

PALEXIA<sup>®</sup> SR, the first mu-opioid receptor agonist (MOR) and noradrenaline reuptake inhibitor (NRI) analgesic in a single molecule is now available on the Pharmaceutical Benefits Scheme (PBS), effective June 1, 2014.<sup>1-4</sup>

PALEXIA<sup>®</sup> SR is a schedule 8 analgesic TGA-registered for the management of moderate to severe chronic pain

unresponsive to non-narcotic analgesia.<sup>1</sup> PALEXIA<sup>®</sup> SR is now listed on the PBS as a restricted benefit for chronic severe disabling pain unresponsive to non-narcotic analgesics. Authority is required for increased maximum quantities and/or repeats (Please refer to the PBS schedule for full listing information).<sup>4</sup>

For more information visit [www.biocsl.com.au/PI](http://www.biocsl.com.au/PI)

### References

1. PALEXIA<sup>®</sup> SR Product Information, June 2013.
2. Kress HG. European Journal of Pain 2010; 14(8):781-783.
3. Raffa RB et al. Expert Opin Pharmacother 2012;13(10):1437-49.
4. Pharmaceutical Benefits Scheme. <http://www.pbs.gov.au/pbs/search?term=Paalexia+SR>. [Last accessed June 3, 2014].

## Have you had an article accepted for publication this year?



Reminder that we are keen that members inform us when they have publications so that this can be shared with your APS colleagues. Please send the newsletter editor (via the APS Secretariat, [aps@apsoc.org.au](mailto:aps@apsoc.org.au)) the title, authors and reference (i.e. the journal, volume etc.) of the article, preferably with a short explanatory note to give our readers the gist of the article, e.g. the conclusions part of the abstract; if you would like to supply a short commentary on the article, even better.

Will Howard, Editor

# RECENT PUBLICATIONS

## Understanding Complex Regional Pain Syndrome (CRPS): Current Perspectives in the Epidemiology, Pathophysiology, Diagnosis and Treatment of CRPS

Thuan-Tzen Koh <sup>1</sup>, Daly Anne <sup>2</sup>, Howard William <sup>3,4</sup>, Chong Tan <sup>4</sup>, Hardidge Andrew <sup>1</sup>

JBJS Reviews 2014 Jul;2(7):e5 <http://dx.doi.org/10.2106/JBJS.RVW.M.00085>

In this review, we aimed to specifically inform the orthopaedic community of the most current and clinically relevant in-

formation regarding CRPS. The review included studies published prior to mid 2013. The main themes were: careful and thoughtful differential diagnosis, the role of laboratory and radiological studies in ruling out alternative diagnoses rather than ruling in CRPS, epidemiology, our contemporary understanding of pathophysiology, natural history and clinical presentation. We also highlighted current prevention and treatment options. These included rehabilitation, pharmacotherapy, procedural interventions and psychological therapies. A brief explanation of mirror visual feedback and graded motor imagery was provided.

With our primary aim of informing orthopedic surgeons in mind, we recommended the use of vitamin C as a prophylactic agent for CRPS and promoted early vigorous management with timely involvement of an expert multidisciplinary team. Functional restoration and acknowledgment of the validity of the psychosocial as well as the biological aspects of the patient's presentation was emphasised.

## Complex Regional Pain Syndrome Special Interest Group Questionnaire



International Association for the Study of Pain

**IASP**  
Working together for pain relief

*Dear Members,*

We are writing to you on behalf of the IASP Special Interest Group (SIG) for Complex Regional Pain Syndrome, CRPS (formerly 'Pain and the Sympathetic Nervous System'). We are interested in whether CRPS is a problem in your country and, if so, how you deal with it, and whether or not you would be interested in working together with

us towards reducing the burden of CRPS in your country and ours.

We would be grateful if you might consider completing this questionnaire on CRPS and its management in your country – or forward it to someone whom you think is best suited to complete it.

[https://www.surveymonkey.com/s/IASP\\_CRPS](https://www.surveymonkey.com/s/IASP_CRPS)

We have sent this questionnaire to all IASP national chapter leads; we will collate responses, and then would like to begin to engage in a dialogue on how we can achieve reduced illness burden from CRPS in our countries.

Sincerely yours,

**Andreas Goebel, Roberto Perez, Lorimer Moseley and Candy McCabe**



## Jillian Skinner MP Minister for Health Minister for Medical Research

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### MEDIA RELEASE

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Monday 21 July 2014

#### **NEW FRONT OPENS IN FIGHT AGAINST CHRONIC PAIN**

The NSW Government has opened a new front in the fight against chronic pain, branding 1.7 million pharmacy prescription repeat folders with details of a website which offers support for sufferers.

Health Minister Jillian Skinner said 1700 pharmacies across NSW will this week begin distributing repeat folders branded with the Pain Management Network website, which offers practical advice and resources to manage pain and prevent its escalation.

The website has had over 82,000 views since it was launched by the NSW Government's Agency for Clinical Innovation in March this year.

The campaign coincides with National Pain Week, which starts today and continues until Sunday.

"Chronic pain affects one in five Australians, reducing the capacity of sufferers to fully engage with all aspects of their daily life," Mrs Skinner said.

"The toll it takes on the individual can be enormous and the burden it places on the health system is great.

"The NSW Government is committed to support people living with chronic pain. In 2012, we released the *NSW Pain Management Plan* and committed \$26 million over four years to enhance specialist pain services and expand the number of pain clinics in NSW, most notably in rural areas.

"This year we have launched the Pain Management Network website and made a collection of pain management books available to 70 public libraries across NSW.

"And now, in partnership with the Pharmacy Guild of Australia, we are taking the pain management message right to the source," Mrs Skinner said.

When a prescription is filled at a pharmacy and repeat scripts are to be provided, the pharmacist places the repeats in a small folder which the customer takes away.

Pharmacists will this week start to directly target people who have a script filled for pain medication or a pain-related condition.

"Community pharmacies have long had an important role to play in supporting people living with chronic pain by providing access to quality use of medicines, professional advice and early intervention services," Mrs Skinner said.



# MEDIA RELEASE

“Those folders - 1.7 million of them - provide a unique opportunity to send the pain management message into homes across NSW - and not just any homes but those in which we know there is someone living in pain,” Mrs Skinner said.

“This is a creative way to target people who are living with chronic pain and who would benefit from support and advice, not only medication.”

The Pain Management Network website was developed by the Agency for Clinical Innovation (ACI), which is one of the six pillars of NSW Health. Visitors to the site can access:

- Interactive learning and self-management modules for adolescents with chronic pain.
- Online resources that promote self-management to help people to retrain their brain's response to chronic pain.
- Inspirational videos of old and young people sharing their experience of how adopting an evidence-based approach to pain changed their lives.
- Practical tools and resources to help people with chronic pain improve daily sleep and mood; guidance on the role of medication and a healthy lifestyle.
- A toolkit for health professionals that includes: assessment and management tools for doctors and professionals working in the community, factsheets for patients and information on NSW Pain Clinics.

To visit the *ACI Pain Management Network*, go to:  
[www.aci.health.nsw.gov.au/chronic-pain](http://www.aci.health.nsw.gov.au/chronic-pain)

To view the NSW Government Pain Management Plan, go to  
[http://www0.health.nsw.gov.au/pubs/2012/pdf/nsw\\_pain\\_management\\_plan\\_.pdf](http://www0.health.nsw.gov.au/pubs/2012/pdf/nsw_pain_management_plan_.pdf)

## MEDIA:

Liz Hannan (Minister Skinner) - 0427 232 671  
Maeve Eikli (Agency for Clinical Innovation) - 0400 431 199



Does chronic pain affect someone you know?

[www.aci.health.nsw.gov.au/chronic-pain](http://www.aci.health.nsw.gov.au/chronic-pain)

Ask your Pharmacist

Ask your Health Professional

Ask your Doctor

Ask your Librarian

### Information & Downloads for...

#### People in Pain:

- ▶ Pain Management Strategies & Videos
- ▶ Information, Handy Hints & Useful Links
- ▶ Pain Series for Young People
- ▶ Spinal Cord Injury Resources

#### Health Professionals:

- ▶ Clinician Support & Management Tools
- ▶ Statewide Pain Referral Information



The Pharmacy Guild of Australia



Need help for your pain?

Ask your Pharmacist

[www.aci.health.nsw.gov.au/chronic-pain](http://www.aci.health.nsw.gov.au/chronic-pain)

# RIDE4PAIN ADELAIDE

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## Take on your own pain challenge in the 2014 Ride4PainAdelaide – November 16th, Adelaide.

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No one reading this will be surprised by the fact that chronic pain seems to be the most burdensome health issue facing the planet (Vos, 2012) – about as costly as diabetes and cancer combined. However, the vast majority of people who are not reading this would be gobsmacked at such a statistic. There is clearly a disconnect then, between the state of the nation's health burden, and the nation's understanding of that same burden. Several groups have identified this disconnect as the major barrier to greater allocation of funding to research, management and support. There are a few groups who are taking on this disconnect in one way or another, by raising awareness of the problem (for example [Pain Australia](#)), by advocating for sufferers (for example [Chronic Pain Australia](#)), or by raising money for research (for example [ANZCA Fellows Foundation](#)). This disconnect has also led to the PainAdelaide Stakeholders' Consortium identifying 'mass conceptual change' - about chronic pain, its prevention and treatment - as its primary target for action.

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## Mass conceptual change about chronic pain

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The underpinnings of this approach lie in fundamental ideas about pain itself. That is, we first consider that pain is a percept, a conscious experience that serves to protect our body from actual or potential damage. Ultimately then, the brain's evaluation of threat to body tissue is the determinant of pain. This evaluation clearly considers a multitude of factors (most notably but not exclusively nociception), none of which is sufficient in and of itself to trigger the response. This dependence of pain on an evaluative process, and the complexity and diversity of potential influences on that process, clearly presents

a terrific challenge, but it also presents a terrific opportunity. More obviously and profoundly than any other burdensome health condition faced by humans, pain is dependent on what we think it is. It follows then, that if we can change what people think about pain, and chronic pain in particular, then we can change the pain itself.

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## PainAdelaide Stakeholders' Consortium

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Adelaide has a proud and long history of contributions to the body of knowledge in the pain sciences. Triggered by Michael Cousins, John Loeser and David Cherry's landmark work at Flinders in the 80's and consolidated by the marvelous Moving in on pain meeting in 1995, where Professor Patrick Wall's public announcement that 'men with chronic pain are not sooks', made national headlines. In the next phase of Adelaide's development as an important centre for pain research and management, a centre that is gaining recognition internationally, the three major universities, the energetic and informed medical, allied health and psychology communities, and the major partners Pfizer, WorkCoverSA, the Motor Accident Commission and the South Australian Health & Medical Research Institute, have joined together to form the PainAdelaide Stakeholders' Consortium. Our agenda is to reduce the burden of chronic pain and our first target is mass conceptual change. To this end, we are running the third of our very successful PainAdelaide scientific meetings next year (30th March – save the date!) and, on November 16th this year, our first major community event – the [Ride4PainAdelaide](#).

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## The Ride4PainAdelaide

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The Ride4PainAdelaide (R4PA) is a community cycling event that aims to increase awareness of the problem of chronic pain, and the need for a multidisciplinary and cohesive solution. R4PA will do this in several ways. First, it is one of the toughest

rides going around – the full 2014 route is 95km and 2500m of climbing. It takes in some of Adelaide's most notorious climbs, some of which are now known the world over via the Tour DownUnder. It will be painful. With 20% sections on several climbs, even the serious riders will suffer. Second, it is unique in that it is a timed event – you have 6 hours to cover as much of the course as you can (there are two and four hour options too). Third, the age & weight-adjusted True King & Queen of the Mountain, is on again, on a yet to be announced climb. Finally, and critically, the R4PA encourages everyone to take on their pain challenge – to commit to preparing themselves for the journey, to getting the best information they can, to tapping into their own substantial resources and to taking on the journey with courage, patience and persistence, the hallmarks of effective chronic pain rehabilitation.

The R4PA aims to become one of Australia's great cycling events. Thanks to generous sponsorship from our partners, we can price it competitively to maximize coverage. By blatantly naming the event as the Ride for Pain, we aim to position the issue of chronic pain in the minds of our community as a legitimate and critically important health issue. So here we reach out to APS members who are not too proud to don the lycra and take on their pain challenge, to save the date – Sunday November 16th – and do everything they can to promote the event to their lycra-wearing colleagues and friends. This is not a fundraiser, but an issue raiser. We hope you will take part. Go to <http://pain-adelaide.org/ride4painadelaide/> for more info.

Lorimer Moseley

Chair, PainAdelaide

## Research partnership opportunities



The Australian Pain Management Association Inc. (APMA) is a consumer health organisation for all Australians who live with persistent pain. APMA is a charity which promotes health by providing advocacy, information and practical support

for people living with persistent (chronic) pain and their families.

APMA services include advice and information to people with pain and the health community via a telephone helpline (**Pain Link**), a national network of pain support

groups, a comprehensive website, facebook and social media presence, and high quality newsletters and other publications, and the delivery of presentations and community education.

APMA is seeking to partner with researchers and health practitioners working in the areas of pain management and self-management who wish to seek NHMRC research funding for research about such services in order to effect changes in the delivery, organisation, funding and access to pain management services. Please contact APMA CEO Elizabeth Carrigan on 0438 000 841 or [secretary@painmanagement.org.au](mailto:secretary@painmanagement.org.au) to discuss potential research opportunities.

## PSA Grant for QUM in Pain Management



The Pharmaceutical Society of Australia (PSA), in association with Mundipharma, has again announced it will award an educational grant to a pharmacist who has made an outstanding contribution to the quality use of medicines (QUM) through direct clinical care of consumers with persistent pain.

The award highlights pharmacists' key role in pain management and builds on PSA's professional development and practice support programs.

All areas of pharmacists' contributions to QUM in pain management will be considered, including non-prescription medicines and therapeutic devices, dispensing, medication review or disease state management.

Anyone can nominate a pharmacist they believe worthy of the award, and nominations close on 7 August 2014.

For more information or to download and application form, click here. <http://www.psa.org.au/about/excellence-awards/qum-in-pain-management>

2015 Australian Pain Society 35th Annual Scientific Meeting



Managing Pain:  
from Mechanism  
to Policy

15-18 MARCH 2015 | BRISBANE CONVENTION & EXHIBITION CENTRE, QLD

## Want the latest information on the 2015 Australian Pain Society 35th Annual Scientific Meeting?

Follow our hashtag **#aps2015** and check out our  
blog and YouTube channel



### The 9th Conference of the Australian College of Nurse Practitioners

1 – 4 September 2014 | SMC Conference & Function Centre | 66 Goulburn Street, Sydney 2000

The conference organising committee extends a warm invitation to the 9th Conference of the Australian College of Nurse Practitioners. This conference is the major forum for the College to exchange ideas and create discussion around clinical and professional issues that affect nurse practitioners and advanced practice nurses. Through the conference theme,

**“NEW FRONTIERS, Building future generations”,**

the conference will explore clinical expertise and innovative role development.



**Keynote Speaker: Professor Sandy Middleton**, Director of the Nursing Research Institute, St Vincents Health and ACU.

#### Topics/Clinical streams to be covered:

- Complex and Chronic Disease
- Cancer/Haematology
- Pain, Palliative and Supportive Care
- Paediatrics
- Mental Health - removing the stigma
- Primary and Acute Care
- Aged Care
- Wound Management
- Professional Issues and Leadership
- Research

#### Important dates:

Poster Abstract Submission Deadline:  
**4 April 2014**

Topical/Workshop Submission Deadline:  
**4 April 2014**

Registration Opens:  
**2 June 2014**

Early Bird Deadline:  
**11 July 2014**

*For sponsorship and exhibition opportunities, or further information, please contact the ACNP Conference Secretariat:*

DC Conferences | PO Box 637, North Sydney NSW 2059 Australia  
P: (61) 2 9954 4400 E: acnp2014@dcconferences.com.au | W: dcconferences.com.au/acnp2014



FACULTY OF PAIN MEDICINE SPRING MEETING 2014

# JOINING THE DOTS

## LINKS AND TRANSITIONS IN PAIN MANAGEMENT

### CONVENOR'S INVITATION

On behalf of the Faculty of Pain Medicine and the organising committee of the 2014 Spring Meeting, we would like to invite you to Scenic Leura for this inspiring three-day meeting.

This year's event, "Joining the dots: Links and transitions in pain management" will focus on paediatric pain management, support for GPs managing pain, pain programs including novel online resources, transition back into the community and to adult services as well as neuropathic pain in paediatrics and adults.

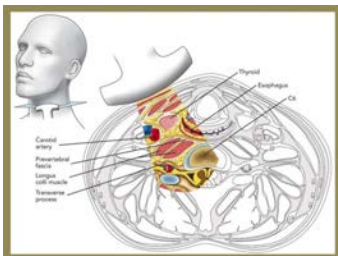
The meeting is scheduled to be held at the award-winning Fairmont Resort in Leura, Blue Mountains from September 5-7, 2014.

For further information, please contact the conference organiser, Fran Lalor on +61 3 9510 6299 or flalor@anzca.edu.au.

We look forward to welcoming you.

Yours sincerely, **Dr Matthew Crawford**, Convenor

**SEPTEMBER 5-7, 2014**  
**FAIRMONT RESORT, BLUE MOUNTAINS, NSW**



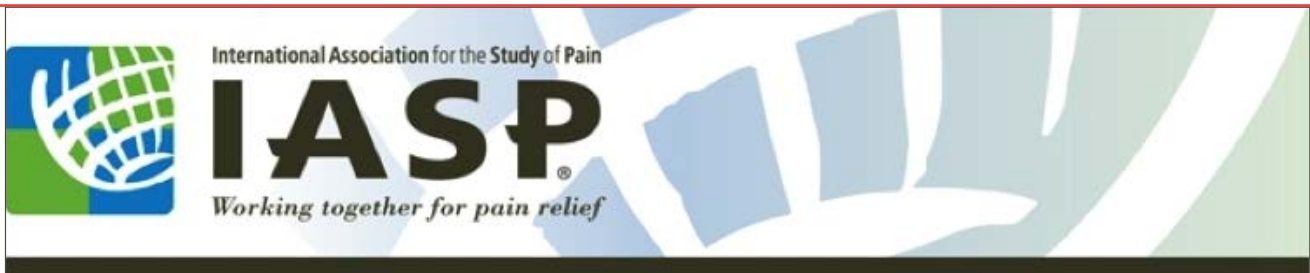
### Ultrasound for Pain Medicine Workshop

**Official Satellite Symposium of the 15th World  
Congress on Pain Buenos Aires, Argentina**

**Oct 4-5, 2014 BA SOHOTEL#  
Buenos Aires, Argentina**

We hope to see you there! Mark it in your diary.

Visit the website: <http://www.usra.ca/iaspconf.php>



## 5 Hot Topics, Plus Airfare and Hotel Discounts

Still deciding whether to attend the 15th World Congress on Pain in Buenos Aires, October 6-11? Consider these hot topics you will not want to miss:

- Can We Better Predict Neuropathic Pain and the Response to Analgesics? (Sponsored by NeuP SIG)
- Innovative Approaches to Pain Education (Sponsored by Pain Education SIG)
- New Techniques to Reveal Novel Pain Mechanisms Mediated by Primary Nociceptors
- Acute Pain in Hospitalized Children: What Do We Know and Where Do We Go From Here? (Sponsored by Acute Pain SIG)
- Chronic Post-Surgical Pain: Epidemiology, Risk Factors, and Prevention

### Travel and Hotel

IASP has secured thousands of hotel rooms at significantly discounted prices. Visit [Accommodations](#) to book your room before August.

### New! Airfare Discounts

Getting to Buenos Aires just became easier. Oneworld has been designated as the official airline alliance of the World Congress. Download the [informational flyer](#) to get the code to book your travel today—and save!



**We look forward to seeing you in Buenos Aires!**

Visit us online or follow us on Facebook or Twitter for regular updates on the Congress:



### Essential Travel Information - Reciprocity Fees and Visas

US, Australian, and Canadian citizens will be required to pay a reciprocity fee. This fee cannot be paid as part of Congress registration and must be paid before embarking for Argentina. The Reciprocity Fee can only be paid through the [Argentine Immigration Department website](#).

Do you need a visa for Buenos Aires? [Please click here](#) to view the country visa requirements.

For more information on visas and reciprocity fees please visit our [travel and logistics page](#).

You don't want to miss this once-in-a-lifetime opportunity to visit the Paris of South America—Buenos Aires, Argentina. Register for the Congress today.

Web: [www.iasp-pain.org/BuenosAires](http://www.iasp-pain.org/BuenosAires)

On Facebook: [www.facebook.com/IASP.pain](http://www.facebook.com/IASP.pain)

On Twitter: [www.twitter.com/IASPCongress](http://www.twitter.com/IASPCongress)

On LinkedIn: [www.linkedin.com/company/international-association-for-the-study-of-pain](http://www.linkedin.com/company/international-association-for-the-study-of-pain)



## PIGNI, Pain: The nerve of it Professional Development One-Day Program

Friday 17 October 2014 | Le Montage | Lilyfield NSW

The program includes a range of topics relevant to this year's global theme of Neuropathic Pain. New and exciting developments in fundamental understanding of pain will be presented, aiming to expand the participant's knowledge of contemporary pain issues.

**For more information**

Contact: DC Conferences Pty Ltd

Email: [pigni2014@dcconferences.com.au](mailto:pigni2014@dcconferences.com.au)

Tel: 02 9954 4400

Web: [www.dcconferences.com.au/pigni2014](http://www.dcconferences.com.au/pigni2014)



2nd World Congress  
on Integrated Care  
23-25 November 2014



21st Integrated Care:

SMC Conference Centre | Sydney NSW Australia

Serving citizens, patients and communities

## How will you make a difference to people's health and wellbeing?

By bringing together internationally renowned keynote speakers from North America, Europe, and Asia, recognized experts, oral abstracts and poster presentations from across many disciplines, this conference aims to contribute to the growth and development of integrated care. The 2nd World Congress on Integrated Care provides participants with many opportunities to connect with policy-makers, practitioners and researchers working towards integrated care.

The conference is hosted by the International Foundation for Integrated Care (IFIC) in partnership with the Centre for Rural & Remote Mental Health at the University of Newcastle and is kindly supported by New South Wales Health. It will focus on:

- Integration of population, acute and chronic care
- Integration of mental and physical health care
- Technologies and platforms underpinning Integrated Care
- Co-producing health with citizens, patients and communities



### Who is it for?

The conference is for all those involved in the design, delivery and evaluation of integrated care. The 1st World Congress in Singapore attracted more than 1200 delegates. It is expected a large contingent of international delegates will attend, with the majority of delegates attending from Australia and the wider Asia Pacific region.

### Book your place

View the full conference programme and schedule of events at [integratedcarefoundation.org/conference/2\\_world](http://integratedcarefoundation.org/conference/2_world)

Early bird closes 31 August

Queensland Pain and Palliative Care Conference 2014

# Fifty Shades of Pain

Managing complex pain across the continuum



REGISTER ONLINE FROM 1 MAY 2014



ST VINCENT'S  
PRIVATE HOSPITAL  
BRISBANE  
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA



3-5 December 2014  
Southbank Institute of Technology, Brisbane  
[www.50shadesconference2014.com.au](http://www.50shadesconference2014.com.au)



**40<sup>TH</sup>**  
2015 ANNUAL  
SCIENTIFIC  
MEETING

New Zealand  
**pain  
society**

[www.nzps2015.org.nz](http://www.nzps2015.org.nz)

25 – 29 March, 2015 THE LANGHAM HOTEL, AUCKLAND, NEW ZEALAND

## PAIN THROUGH THE AGES



Save the Date:  
30 March 2015

Visit the website: <http://painadelaide.org/category/painadelaide>

**Speakers include: Bob Coghill | Peter O'Sullivan | Johan Vlaeyen | Glen King | Stuart Brierly | David Butler | Some surprises!**

## Items of interest for our members:

- Painaustralia eNewsletter latest issue, available online at <http://www.painaustralia.org.au/media-news/e-news.html>
- **Facility Directory Update**  
Please advise the APS Secretariat of any updates so we may endeavour to keep the Facility Directory current: <http://www.apsoc.org.au/facility-directory>
- **New APS Online Membership System**  
Please remember to update your member profile on the new online membership system to ensure we can stay in touch: <https://www.apsoc.org.au/Login.aspx>
- **Understanding pain – and what’s to be done about it in 10 minutes!**  
This YouTube video was developed by the German Paediatric Pain Centre for adolescents with chronic pain unexplained by any chronic medical condition, but it may be of interest to all young

people: <http://blog.apsoc.org.au/2014/05/22/understanding-pain-and-whats-to-be-done-about-it-in-10-minutes/>

- **Veterans’ MATES (Medicines Advice and Therapeutic Education Services)**  
Information for health professionals and veterans provided by the Department of Veterans’ Affairs in conjunction with the University of South Australia. Check out the link from our website publications page: <https://www.apsoc.org.au/publications>
- Topic 27: Managing Constipation with Pain Medicines\_JUN11  
- [Veterans Brochure](#)  
- [Therapeutic Brief](#)
- Topic 35: Neuropathic Pain\_JUN13  
- [Veterans Brochure](#)  
- [Therapeutic Brief](#)
- Topic 38: Musculoskeletal Pain\_MAR14  
- [Veterans Brochure](#)  
- [Therapeutic Brief](#)

- **ePPOC: electronic Persistent Pain Outcomes Collaboration**  
For more information about eP-POC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- **The History of Pain, with UK historian Joanna Bourke**  
Radio National interview link and article from Tuesday 22 July 2014: <http://www.abc.net.au/radionational/programs/sundayextra/the-history-of-pain/5614136>

## NEW MEMBERS

Title	First Name	Surname	Discipline Group
Ms	Shelley	Barlow	Physiotherapy



THE AUSTRALIAN PAIN SOCIETY  
[www.apsoc.org.au](http://www.apsoc.org.au)

## Online Membership Applications

**NEW**  
[apply online here](#)

The next stage of our new online membership system has been launched.

Please encourage your colleagues to [apply online here.](#)

# CALENDAR OF EVENTS

<p><b>16 Aug, 30 Aug and 24 Oct 2014</b>  <b>University of Sydney - Sydney Medical School</b>  <i>Pain Management Symposia 2014 - Treating an Managing Pain</i>            Various, Kingswood, Coffs Harbour, Dubbo NSW  <a href="http://sydney.edu.au/medicine/future-students/courses/short-courses/pain-symposia.php">http://sydney.edu.au/medicine/future-students/courses/short-courses/pain-symposia.php</a></p>	<p><b>2-5 Sep 2014</b>  <b>The Australian and New Zealand Society of Palliative Medicine</b>  <i>Palliative medicine Past present and future</i>            Surfers Paradise Marriott Resort and Spa, Gold Coast QLD  <a href="https://www.etouches.com/ehome/65181">https://www.etouches.com/ehome/65181</a></p>	<p><b>2-4 Sep 2014</b>  <b>Australian College of Nurse Practitioners</b>  <i>New Frontiers - Building future generations</i>            The Masonic Conference Centre, Sydney NSW  <a href="http://www.dconferences.com.au/acnp2014/">http://www.dconferences.com.au/acnp2014/</a></p>
<p><b>4-7 Sep 2014</b>  <b>Royal Australian and New Zealand College of Radiologists (RANZCR)</b>  <i>2014 Combined Scientific Meeting</i>            Melbourne Convention and Exhibition Centre, Melbourne VIC  <a href="http://www.csm2014.com">http://www.csm2014.com</a></p>	<p><b>5-7 Sep 2014</b>  <b>Faculty of Pain Medicine Spring Meeting</b>  <i>Joining the Dots - Links and Transitions in Pain Management</i>            Fairmont Resort, Blue Mountains NSW  <a href="http://www.fpm.anzca.edu.au/events/2014-spring-meeting">http://www.fpm.anzca.edu.au/events/2014-spring-meeting</a></p>	<p><b>11-12 Sep 2014</b>  <b>Australian Disease Management Association 10th Annual National Conference</b>  <i>CDM the 2020 Vision - Managing teh Rising Tide of Chronic Conditions</i>            Melbourne Convention Centre, Melbourne VIC  <a href="http://www.adma.org.au/images/ConferenceFlyer2014.pdf">http://www.adma.org.au/images/ConferenceFlyer2014.pdf</a></p>
<p><b>20-21 Sep 2014</b>  <b>New York School of Regional Anesthesia - NYSORA 13th Annual Symposium</b>  <i>Regional Anesthesia, Pain and Perioperative Medicine</i>            Marriott Marquis Hotel, New York USA  <a href="http://www.nysorasymposium.com">http://www.nysorasymposium.com</a></p>	<p><b>21-26 Sep 2014</b>  <b>Childrens Hospitals and Clinics of Minnesota</b>  <i>Pediatric Integrative Medicine Master Class: Advanced pain and symptom management</i>            Marquette Hotel, Minneapolis MN USA  <a href="#">Open event website</a></p>	<p><b>1-4 Oct 2014</b>  <b>Lievensberg Hospital, Holland</b>  <i>4th Biannual International Multidisciplinary Pain Congress</i>            Van der Valk Hotel Eindhoven, Eindhoven The Netherlands  <a href="http://www.paincongress.org">http://www.paincongress.org</a></p>
<p><b>4-7 Oct 2014</b>  <b>Australian Society of Anaesthetists</b>  <i>National Scientific Congress 2014</i>            Gold Coast Convention and Exhibition Centre, Gold Coast QLD  <a href="http://www.asa2014.com.au/">http://www.asa2014.com.au/</a></p>	<p><b>4-5 Oct 2014</b>  <b>Ultrasound for Regional Anesthesia USRA Official Satellite Symposium of IASP 15th World Congress on Pain</b>  <i>Ultrasound for Pain Medicine Workshop</i>            BA SoHotel, Buenos Aires Argentina  <a href="http://www.usra.ca/iaspconf.php">http://www.usra.ca/iaspconf.php</a></p>	<p><b>6-11 Oct 2014</b>  <b>International Association for the Study of Pain (IASP)</b>  <i>15th World Congress on Pain</i>            La Rural Convention Centre, Buenos Aires Argentina  <a href="http://www.iasp-pain.org/Meetings/WorldCongress.aspx?ItemNumber=714">http://www.iasp-pain.org/Meetings/WorldCongress.aspx?ItemNumber=714</a></p>
<p><b>9-11 Oct 2014</b>  <b>Royal Australian College of General Practitioners RACGP</b>  <i>GP14 Lead. Inspire</i>            Adelaide Convention Centre, Adelaide SA  <a href="http://www.gpconference.com.au">http://www.gpconference.com.au</a></p>	<p><b>16-18 Oct 2014</b>  <b>Medical Research Support - MedicRes</b>  <i>2014 World Congress on Good Medical Research</i>            Marriot New York Downtown, New York USA  <a href="http://www.nyc2014.medicres.org">http://www.nyc2014.medicres.org</a></p>	<p><b>17 Oct 2014</b>  <b>PIGNI - Pain Interest Group Nursing Issues</b>  <i>Pain: The nerve of it</i>            Le Montage, Lilyfield, Sydney NSW  <a href="https://www.dconferences.com.au/eventReg.asp?eventid=11">https://www.dconferences.com.au/eventReg.asp?eventid=11</a></p>

# CALENDAR OF EVENTS

<p><b>30 Oct - 1 Nov 2014</b>  <b>Australian College of Rural &amp; Remote Medicine (ACRRM) and Rural Doctors Association of Australia</b>  <i>Rural Medicine Australia 2014</i>            Four Seasons Hotel, Sydney NSW  <a href="http://www.acrrm.com.au">http://www.acrrm.com.au</a></p>	<p><b>13-15 Nov 2014</b>  <b>Asia Pacific Cervical Spine Society</b>  <i>8th Asia Pacific Cervical Spine Meeting</i>            Barbaros Point Hotel, Istanbul Turkey  <a href="http://apcss2014.org">http://apcss2014.org</a></p>	<p><b>14-15 Nov 2014</b>  <b>Arthritis and Osteoporosis WA</b>  <i>Making Sense of Pain</i>            Wyllie Arthritis Centre, Shenton Park, Perth WA  <a href="https://www.arthritiswa.org.au/events/details/id/247/">https://www.arthritiswa.org.au/events/details/id/247/</a></p>
<p><b>16 Nov 2014</b>  <b>PainAdelaide Stakeholders' Consortium</b>  <i>2014 Ride for PainAdelaide</i>            University of SA, Magill Campus SA  <a href="http://painadelaide.org/ride4painadelaide">http://painadelaide.org/ride4painadelaide</a></p>	<p><b>23-25 Nov 2014</b>  <b>International Foundation for Integrated Care 2nd World Congress on Integrated Care</b>  <i>21st Century Integrated Care: serving citizens, patients and communities</i>            SMC Conference and Function Centre, Sydney NSW  <a href="http://www.integratedcarefoundation.org/conference/2_world">http://www.integratedcarefoundation.org/conference/2_world</a></p>	<p><b>3-5 Dec 2014</b>  <b>Australian Pain Management Association and Palliative Care Queensland</b>  <i>Fifty Shades of Pain: Managing complex pain across the continuum</i>            Southbank Institute of Technology, Brisbane QLD  <a href="http://50shadesconference2014.com.au">http://50shadesconference2014.com.au</a></p>
<p><b>16-17 Jan 2015</b>  <b>Centre for Pain Medicine at the Swiss Paraplegic Centre</b>  <i>5th International Symposium Invasive Procedures in Motion 2015 - Minimal Invasive Pain Therapy</i>            Swiss Paraplegic Centre, Nottwil by Lucerne Switzerland  <a href="http://www.schmerz-nottwil.ch/en/pub/zsm/fortbildungkongresse/invasives_procedures_motion_15.htm">http://www.schmerz-nottwil.ch/en/pub/zsm/fortbildungkongresse/invasives_procedures_motion_15.htm</a></p>	<p><b>15-18 Mar 2015</b>  <b>Australian Pain Society 35th Annual Scientific Meeting</b>  <i>Managing Pain: From Mechanisms to Policy</i>            Brisbane Convention and Exhibition Centre, Brisbane QLD  <a href="http://www.dconferences.com.au/aps2015/">http://www.dconferences.com.au/aps2015/</a></p>	<p><b>25-29 Mar 2015</b>  <b>New Zealand Pain Society 40th Annual Scientific Meeting</b>  <i>Pain through the Ages</i>            The Langham Hotel, Auckland New Zealand  <a href="http://www.nzps2015.org.nz">http://www.nzps2015.org.nz</a></p>
<p><b>30 Mar 2014</b>  <b>PainAdelaide Stakeholders' Consortium</b>  <i>PainAdelaide 2015</i>            Adelaide Convention Centre, Adelaide SA  <a href="http://painadelaide.org/2014/07/03/painadelaide-2015-register">http://painadelaide.org/2014/07/03/painadelaide-2015-register</a></p>	<p><b>29 Apr - 2 May 2015</b>  <b>NWAC World Anesthesia Convention</b>  <i>6th NWAC 2015</i>            Vancouver Convention Centre, Vancouver Canada  <a href="http://www.nwac.org">http://www.nwac.org</a></p>	<p><b>24-27 May 2015</b>  <b>National Rural Health Alliance 13th National Rural Health Conference</b>  <i>People, Places, Possibilities</i>            Darwin Convention Centre, Darwin NT  <a href="http://ruralhealth.org.au/13nrhc/">http://ruralhealth.org.au/13nrhc/</a></p>
<p><b>31 May - 4 Jun 2015</b>  <b>IASP Pain in Childhood SIG and Seattle Children's Hospital Research Foundation</b>  <i>10th International Symposium on Pediatric Pain</i>            TBA, Seattle Washington USA  <a href="http://www.ispp2015.com">http://www.ispp2015.com</a></p>	<p><b>6-11 Jun 2015</b>  <b>INS International Neuromodulation Society 12th World Congress</b>  <i>Neuromodulation - Medicine Evolving Through Technology</i>            Fairmont Queen Elizabeth Hotel, Montreal Quebec, Canada  <a href="http://www.neuromodulation.com/ins-congress">http://www.neuromodulation.com/ins-congress</a></p>	

# APS DIRECTORS & OFFICE BEARERS 2014

## Directors:

## Office Bearers :

<p><b>President:</b>  <b>Dr Malcolm Hogg</b>                      Department of Anaesthesia and Pain Management                      Royal Melbourne Hospital,                      Parkville VIC 3052 Tel: 03 9342 7540                      Fax: 03 9342 8623</p>	<p><b>QLD Director:</b>  <b>Ms Trudy Maunsell</b>                      Princess Alexandra Hospital                      199 Ipswich Road                      Woolloongabba QLD 4102                      Tel: 07 3176 5547 Fax: 07 3176 5102</p>	<p><b>Immediate Past President:</b>  <b>Dr Tim Semple</b>                      Royal Adelaide Hospital Pain Clinic                      North Terrace                      Adelaide SA 5000                      Tel: 08 8222 5403 Fax: 08 8222 5904</p>
<p><b>President-Elect:</b>  <b>Dr Geoffrey Speldewinde</b>                      Capital Rehabilitation Multidisciplinary Injury &amp; Pain Management Centre                      25 Napier Close                      Deakin ACT 2600                      Tel: 02 6282 6240 Fax: 02 6282 5510</p>	<p><b>SA Director:</b>  <b>Ms Anne Burke</b>                      Royal Adelaide Hospital Pain Clinic                      North Terrace                      Adelaide SA 5000                      Tel: 08 8222 4770 Fax: 08 8222 5904</p>	<p><b>SPC Chair:</b>  <b>Professor Michele Sterling</b>                      Centre for National Research on Disability and Rehabilitation Medicine (CONROD),                      Ground Floor, Edith Cavell Building                      Royal Brisbane Hospital QLD 4029                      Tel: 07 3365 5344 Fax: 07 3346 4603</p>
<p><b>Secretary:</b>  <b>Mr Michael Deen</b>                      Metro South Persistent Pain Management Service                      Level 3, 57 Sanders Street                      Upper Mount Gravatt QLD 4122                      Tel: 07 3339 5500 Fax: 07 3339 5599</p>	<p><b>TAS Director</b>  <b>Mr Simon Watt</b>                      Physiotherapy - Outpatients                      North West Regional Hospital                      23 Brickport Road                      Burnie TAS 7320                      Tel: 03 6430 6608 Fax: 03 6430 6607</p>	<p><b>IASP Liaison:</b>  <b>Professor Michael Nicholas</b>                      Pain Management Research Institute                      Royal North Shore Hospital                      St Leonards NSW 2065                      Tel: 02 9926 7894 Fax: 02 9662 6279                      Website: <a href="http://www.iasp-pain.org">www.iasp-pain.org</a></p>
<p><b>Treasurer:</b>  <b>Dr Gavin Chin</b>                      Royal Darwin Hospital                      PO Box 41326, Casuarina NT 0811                      Tel: 08 8922 8888 Fax: 08 8922 8900</p>	<p><b>VIC Director:</b>  <b>Dr Richard Sullivan</b>                      Peter MacCallum Cancer Centre – East Melbourne                      Locked Bag 1,                      A'Beckett Street VIC 8006                      Tel: 03 9656 1111 Fax: 03 9656 1400</p>	<p><b>Website/Social Media Coordinator:</b>  <b>Dr Richard Sullivan</b>                      Peter MacCallum Cancer Centre – East Melbourne                      Locked Bag 1,                      A'Beckett Street VIC 8006                      Tel: 03 9656 1111 Fax: 03 9656 1400</p>
<p><b>ACT Director:</b>  <b>Mrs Joy Burdack</b>                      Calvary Health Care ACT                      PO Box 254                      Jamison Centre ACT 2614                      Tel: 02 6201 6854 Fax: 02 6201 6949</p>	<p><b>WA Director:</b>  <b>Dr Stephanie Davies</b>                      Anaesthetic Department and Pain Medicine Unit                      Fremantle Hospital Health Service                      Alma St, Perth WA 6160                      Tel: 08 9431 3296 Fax: 08 9431 3696</p>	<p><b>Newsletter Editor:</b>  <b>Dr William Howard</b>                      Department of Anaesthesia                      Austin Health                      Studley Road, Heidelberg VIC 3084                      Tel: 03 9496 3800 Fax: 03 9459 6421</p>
<p><b>NSW Director:</b>  <b>Ms Fiona Hodson</b>                      Hunter Integrated Pain Service                      John Hunter Hospital and Royal Newcastle Centre PO Box 664J                      Newcastle NSW 2300                      Tel: 02 4922 3435 Fax: 02 4922 3438</p>		<p><b>PhD Scholarship Chair:</b>  <b>Professor Maree Smith</b>                      Centre for Integrated Preclinical Drug Development                      University of Queensland                      St Lucia QLD 4072                      Tel: 07 3365 2554 Fax: 07 3365 1688</p>
<p><b>NT Director:</b>  <b>Ms Jenny Phillips</b>                      Acute Pain Service, Royal Darwin Hospital                      PO Box 41326, Casuarina NT 0811                      Tel: 08 8922 8888 Fax: 08 8922 8325</p>	 <p>THE AUSTRALIAN PAIN SOCIETY</p>	<p><b>Secretariat:</b>  <b>DC Conferences Pty Ltd</b>                      PO Box 637, North Sydney, NSW 2059                      Tel: 02 9016 4343 Fax: 02 9954 0666                      Email: <a href="mailto:aps@apsoc.org.au">aps@apsoc.org.au</a></p>

# OUR VISION OUR MISSION



THE  
AUSTRALIAN  
PAIN SOCIETY

[www.apsoc.org.au](http://www.apsoc.org.au)

## Vision

All people will have timely recognition, prevention and management of pain across their lifespan.

## Mission

The Australian Pain Society is a multidisciplinary body aiming to relieve pain and related suffering through leadership in clinical practice, education, research and public advocacy.

## Aims

- To promote the provision of healthcare services for pain management
- To promote equity of access to pain management services
- To actively engage with key stakeholders and contribute to their activities
- To provide a contemporary forum to discuss issues relating to pain research and treatment
- To foster and support a broad spectrum of pain-related research
- To share and promote the expertise of all disciplines involved in the treatment of pain
- To promote the formulation and use of Evidence Based Guidelines as they relate to pain
- To foster and support the prevention of persistent pain
- To promote and facilitate pain related education for health professionals and the community
- To promote the development and use of standards