A diverse newsletter this month. Ancient therapies resurging, fresh interest in vitamins, new data collection, and the ongoing passionate discussions of individual responses to the range of “brain based interventions”, both cognitive and behavioural combined with non-harmful medical options, inclusive of diagnostic and therapeutic procedures.

I am reminded of the story of six blind men who were asked to describe an elephant after each felt the elephant’s body, however, each had different descriptions as they were all feeling different parts of the elephant. So, actually the elephant had all the features they described. The parable implies that individual subjective experiences can be true, but that such experiences are inherently limited by a failure to account for other truths or a totality of truth, especially where there is a deficit or inaccessibility of information.

The recent publication outlining the establishment of ePPOC benchmarking system within pain management services, to allow comparison of cohorts presenting to pain services, is summarised in this newsletter. In this brave new world, while it may be that within medicine with individual patients “Diagnosis is King”, but with funding it may become “Data is King”. In particular outcomes data, reflecting value to the person in pain, and the funding systems, are likely to be powerful and persuasive.

Tai Chi has been identified as another instrument that can contribute to the orchestra that is multi-disciplinary pain management, simultaneously involving the body and the psyche in utilising motion as the enemy of pain and the friend of so many of the diseases that make up the modern day plagues of modern society.

Dr Manasi Gaikwad would greatly appreciate your, or your patient’s views, via her survey on vitamins and persistent pain.

Further exciting news is the Clinical Research Grant made possible by the generous support of the Cops For Kids charity. See inside for details.

Stephanie Davies
Editor
LETTER TO THE EDITOR

WAKE UP GEOFF?

In the last APS Newsletter, President Geoffrey Speldewinde invited the membership to discuss his observations on clinical practice, his interpretation of Davis et al’s Topical Review on the ‘Pain Switch’ [1] and his provocative assertion that all back pains were diagnosable, its just that most of them haven’t been diagnosed yet. It is terrific to see that Geoff, true to form, is keen for debate and happy to throw a provocative line or two out from his Presidential Platform, knowing it will cause discontent among all but a few of the hoipolloi. I can see merit in discussing why Geoff’s patients don’t return seeking CBT or mindfulness, whereas millions around the world do. That Geoff would see CBT, mindfulness or graded motor imagery (GMI) ‘failures’ (isn’t THAT an interesting allocation of blame!) and the rest of us only see Interventional ‘failures’, is perhaps not surprising.

The other ‘discussion topics’ from Geoff seem old and in my view tired and ready for bed – Patrick Wall summarised it over 30 years ago like this: “the mislabelling of nociceptors as pain fibres was not an elegant simplification but a most unfortunate trivialisation of pain” [2]. The thing is, our field has largely moved on (or up) and we are right to keep it moving - the massive burden of chronic pain compels us to let go of outdated models that simply don’t hold up in the face of the credible evidence. Sure, facing the reality of pain’s complexity and biological tenacity requires humility and courage, but focussing our discussions there will arguably offer greater return than wallowing in the murkiness of a purely structural-pathology based understanding of pain. That we need a revolution is old news. That we almost have one is exciting news, but it requires a truly collaborative and open-minded team effort. In their quest to find the pain switch, Davis et al are not talking about finding which spot to inject: [to find the pain switch will require] “a deep understanding of the workings of the nociceptive system, how it interacts with other cognitive processes, temporal dynamics, technical limitations of our measurement tools, clever experimental designs that exploit these factors, and crucially, some big-picture thinking” (my italics) [1]. Throw in a full consideration of the social determinants of self protection and I reckon we will actually make a dint on this massive problem.


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) 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.

Christin Bird, Co-Editor
LETTER TO THE EDITOR

TAI CHI, AN ADJUNCT TO CHRONIC PAIN MANAGEMENT?

Chronic pain is described as a disease state unto itself and affects 1 in 5 Australians. The effect on the person suffering from it can vary from minor discomfort to significant widespread pain with an extensive list of co-existing symptoms. The impact of this can affect the patient and those closely associated with the patient. There is the cost involved in accessing doctors, allied health workers, psychologists, loss of income, and added cost to the government.

Many articles have been written about usefulness of body mind therapy such as Tai Chi for chronic pain conditions. Hall et al in their systemic review and meta analysis have stated the effectiveness of Tai Chi in chronic muscular skeletal conditions.

Tai Chi Chuan (chi means energy) is an ancient form of Chinese martial art, initially developed for combat training and was supposed to have been created by a Taoist monk Zhang Sanfeng in the 17th century. This was modified later on into a the current form of gentle flowing circular movements of body.

Physical and mental benefits of Tai Chi are numerous:

- Improved musculoskeletal strength.
- Reduce joint stiffness: It is expected that with increased muscle strength, flexibility and stretching there will be a reduction in muscle and joint stiffness. The slow exercise speed and constant weight shifting associated with Tai Chi increase the load on the lower limbs. The emphasis is on low impact exercise with no jarring movements, which can add strain to the joints.
- Improve bone density: Tai Chi is recommended as a safe and effective aerobic exercise for bone density maintenance, improving balance and prevention of falls in the elderly.
- Improve proprioception: Postural balance requires proprioception which reduces with increasing age. Proprioception is that which enhances self awareness and helps to provide self confidence.
- Increase mental alertness: In order to follow and master the complex and repetitive movements one requires mental alertness, concentration and focus.
- Reduce stress: While improving mental alertness, the association of deep breathing together with relaxation of body produces a sense of calm and mental relaxation thus reducing stress levels

In systematic review of 17 RCTs, the conclusion was that Tai Chi was associated with favorable effects on mood, improved stress levels and self-esteem, and reduction in anxiety, depression and enhanced mood.

Another benefit of Tai Chi is, if practised in a group, is it helps to relieve social isolation.

The integration of mental benefits and physical components in Tai Chi could represent additional value of Tai Chi over other exercise programs that mainly focus on physical aspects only.

Other benefits of Tai Chi include:

- Increase in Metabolic Equivalent of Task (MET): According to a recent meta-analysis, the practice of Tai Chi may significantly improve aerobic capacity. Middle-aged and older women and men benefit the most, with greater gains seen among those who were initially sedentary.
- Cardiovascular benefits: There is preliminary evidence that doing Tai Chi exercise is beneficial to patients with coronary artery disease and congestive heart failure.
- Improvement in lung function.
- Musculoskeletal diseases: It has been shown that Tai Chi has proved effective in management of conditions such as osteoarthritis, low back pain, fibromyalgia, and non evidence based studies on tension headache.

In management of chronic pain, multidisciplinary treatment has been found to have an important role as a non-interventional therapy. The goal of
multidisciplinary pain management is to provide relief from pain while helping to lead an active life with improved self confidence.

Does this sound familiar? The principles of multidisciplinary pain management appear to resemble Tai Chi with its integration of mental benefits and physical components.

In conclusion, some studies show that Tai Chi could reduce dependence on drugs and the potential harmful effects from them. It has the advantage of low or no cost programme and requires minimal equipment. Tai Chi has been described as meditation in motion, perhaps more aptly as medication in motion. Though it is not recommended that Tai Chi replace conventional practice of chronic pain management, could it not be used as an inexpensive adjunct within pain management?

Acknowledgement
The author wishes to thank the following:
Mr K.C. Soo, coordinator of local Tai Chi group, for promoting interest in Tai Chi
Dr David Gronow, Director, Sydney Pain Management Centre, for kind evaluation of this article.

Dr Sivathondan has nothing to declare.

Some useful references:

- Persistent pain as a disease entity. Implication for clinical management. Siddal P, Cousins M, Anes Analgesia 2004;99(2) 510-520
- Goftaux P, Redmond WJ, Rainville P, Marchand S. Descending analgesia Y when the spine echoes what the brain expects. Pain. 2007; 130:137Y1
There are only a few days left until the deadline for submitting an abstract for inclusion in the 2017 Australian Pain Society 37th Annual Scientific Meeting.

SUBMIT YOUR ABSTRACT BY FRIDAY 21 OCTOBER TO ENSURE YOU DON’T MISS OUT.

For further information please click here
To submit an abstract please click here

EOI for Travel Grant Applications

Delegates wishing to apply for a travel grant must be the major contributor and submitting author of the abstract. Only delegates who have ticked ‘yes’ to the Travel Grant section of the abstract submission process and completed the associated application form will be considered. For further information and to ensure you meet the terms and conditions please click here.

We look forward to receiving your submissions!
2017 Australian Pain Society
37th Annual Scientific Meeting
9 - 12 April 2017  |  Adelaide Convention Centre

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Expressions of interest online at www.dcconferences.com.au/aps2017
For sponsorship and exhibition opportunities or more information please contact the Conference Secretariat
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Adelaide 2017

Topical Sessions
19 August 2016
Free Papers & Posters
21 October 2016
Early Bird Registration
24 February 2017

2017 Australian Pain Society
37th Annual Scientific Meeting
9 - 12 April 2017
Adelaide Convention Centre

PLUS

Pre-Conference Workshops
Extensive Industry Exhibition
Discipline Sub Group Meetings
Welcome Reception
Conference Gala Dinner

Professor Stephen Hunt
Dr Sean Mackey
Dr Judith Turner

Professor Stephen Hunt has been Professor of Molecular Neuroscience at University College since 1998. Before that he was with the MRC Laboratory of Molecular Biology in Cambridge where he pioneered research into the rapid neuronal gene expression that promotes chronic pain states. He has worked extensively on the molecular neurobiology of pain and addiction and gave the Pat Wall Lecture at the British Pain Society in 2016.

Dr Sean Mackey is Chief of Pain Medicine, Redlich Professor of Anesthesiology, Perioperative and Pain Medicine, Neurosciences and Neurology, and Director of the Systems Neuroscience and Pain Laboratory at Stanford University. He is also Immediate Past President of the American Academy of Pain Medicine, has authored 200+ journal articles, book chapters, abstracts and has delivered numerous national & international lectures.

Dr Judith Turner is Professor of Psychiatry/Behavioral Sciences and Rehabilitation Medicine at University of Washington School of Medicine, Seattle, has worked in its Multidisciplinary Pain Center since 1980 and is IASP President 2016-18. Current research interests include chronic opioid therapy, predictors and mediators of pain treatment outcomes, and randomized trials of cognitive-behavioral therapy for chronic pain.

KEYNOTE SPEAKERS

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) 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.

Christin Bird, Co-Editor

The Australian Pain Society Newsletter, Volume 36, Issue 8 - October 2016
ABSTRACT

Objective
Chronic pain is experienced by one in five Australians and is estimated to be the nation’s third most costly health problem. In 2013, a chronic pain treatment outcomes registry was established, with the goals of evaluating treatment of chronic pain in multidisciplinary centers, establishing a benchmarking system to drive quality improvement and providing answers to important questions regarding types of treatment (“dose,” intensity, and response) and which treatment is appropriate for different patients. This paper describes the development and the first-phase implementation of the registry.

Methods
A minimum data set of primarily patient-rated measures was developed for use within pain management services. Governance structures and protocols for data collection were established, and software and resources created, to support pain management services.

Results
Data collection commenced in 21 centers in Australia and is being implemented in over 20 others across Australia and New Zealand within the first two years. Feedback in the initial phase has already resulted in improvements to the software and reports, as well as minor changes to the data set. Centers have submitted high-quality data describing the demographic and clinical characteristics of patients referred to specialist pain services.

Conclusions
The electronic Persistent Pain Outcomes Collaboration has been established for Australasia and is strongly supported by specialist societies and consumer groups. The next phase will increase the proportion of follow-up data in order to realize the registry’s goals of evaluation, benchmarking, and research to improve outcomes and services for patients experiencing persistent pain.

Declaration
No authors have any conflicts of interest/disclosures to report.
ANNOUNCING THE APS/APRA/CFK
CLINICAL RESEARCH GRANT #1

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

The Australian Pain Relief Association (APRA) is a registered charity with the Australian Taxation Office and works closely with the APS to support education and research in pain.

Cops for Kids (CFK) is a South Australian based charity focused on supporting initiatives that strive to improve the lives of children in that state. Part of the CFK mandate includes the provision of funds for research to assist in the care of sick children and/or enhance the life quality of a child.

APS/APRA are pleased to announce a new partnership with Cops For Kids, for the inaugural Clinical Research Grant Program

In brief, the award is to enable clinical research meeting the following criteria:

• Approach a meaningful conclusion in one year
• Conducted in Australia and must be relevant to the South Australian population
• The applicant must be an Australian citizen or permanent resident
• The applicant and their supervisor (if applicable) must be members of the Australian Pain Society and its Pain in Childhood Special Interest Group
• The funded project can be related to any aspect of a childhood pain complaint - including theoretical, mechanistic, diagnostic, treatment, epidemiological and/or sociological approaches; and
• The grant funding will be paid quarterly in arrears upon the submission and acceptance of a combined Progress Report-Acquittal Form

Further information about the Clinical Research Grant can be obtained from APRA via the APS Secretariat.

Clinical Research Grant Application forms are available online and must be submitted by 5pm on Wednesday 30 November 2016.
### SCHOLARSHIP FEATURE

#### Current Scholars

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<td>Audrey Wang</td>
<td>‘An investigation of the role of the brain in recovery from CRPS, using fMRI’</td>
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<td>Janssen Cilag #2-APS-APRA</td>
<td>Sarah Kissiwaa</td>
<td>‘Pain induced synaptic plasticity in the amygdala’</td>
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<td>APS #5-APRA</td>
<td>James Kang</td>
<td>‘Epigenetic influence in cognitive impairments in chronic neuropathic pain’</td>
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<td>Seqirus #1-APS-APRA</td>
<td>Sherelle Casey</td>
<td>‘Cannabinoids for neuropathic pain’</td>
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### SCHOLARSHIP FEATURE

**Past Scholars**

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<th>APS #1-APRA Samantha South 1999</th>
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<td>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</td>
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<td>“Antinociceptive properties of the neurosteroid alphadolone”</td>
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<td>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</td>
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<td>“Preclinical studies in painful diabetic neuropathy”</td>
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<th>Mundipharma #2-APS-APRA Zoe Brett 2011</th>
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<td>“Individual differences in vulnerability to the development of chronic pain following injury”</td>
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<th>PhD Scholarship Sponsor Scholar Completed Topic</th>
<th>APS #3-APRA Susan Slatyer 2013</th>
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<td>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</td>
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<th>APS #4-APRA Amelia Edington 2013</th>
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<td>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</td>
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<th>Janssen Cilag #1-APS-APRA Mary Roberts Due 2016</th>
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<td>“An investigation of the role of sleep in chronic pain”</td>
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It concludes with recommendation on how the current care provision model can be challenged and improved to deliver a holistic patient centred care approach. When purchasing the text, extensive online resources are on offer for those wishing to explore the subject further.

Section one, divided into five chapters looks at chronic pain, examining the economic impact and its subsequent considerations. It emphasis the point that chronic pain is complex, and affect all ages, including the very young. The authors discuss risk factors for development of chronic pain, indicators for development of chronicity and the involvement of the part of the brain, responsible for emotional learning and the relationship to chronic pain. The editors make a clear case for integrated care provision, where care is patient centred, holistic and individualised, and not system supporting. The chapter concludes that change is required in the relationship between clinicians and patients to a self-care model, necessitating an adaptation to communication and role in care provision, in order to achieve comprehensive care, combining best available evidence of science and complementary therapies.

Section two examines our current understanding of pain biology, including central sensitisation, and its relationship to depression over five chapters. The requirement of a shift in thinking about chronic pain and the relationship to psychosocial mediators of pain is explored. The final two chapters of this section discuss Neuropathy and Thoracic Outlet Syndrome, as well as pain neurophysiology and Neuroblockade.

Section three offers tools for a clinical consultation in Integrative Pain Management: disease assessment, utilising the medical model, as well as placing emphasis on addressing occupational, psychological and the life style dimensions of the condition over eight chapters. An overview
of several assessment tools is given, examining disability, medication use, psychological wellbeing and functional status. Motivational interviewing is discussed as a refined version of a helping style to facilitate treatment and maintain engagement of the patient. Examples are given on how to conduct interviews/consult with patients. The section continues to examine the relationship of sleep, depression, obesity, nutrition and chronic pain, illustrated by case studies. Section three concludes by examining the care provision in primary for chronic pain sufferers and the importance of the self care model, highlighting the lack of training and consequently knowledge amongst clinician, making management and support challenging for all involved.

Section four, across twenty-one chapters discusses extensively integrative therapies and systems for pain management, suggesting diet is associated with pain in both curative and causative relationships and a great majority of pain syndromes are associated with chronic inflammation, stressing the importance of clinician awareness of the role of diet. The chapter continues to investigate the relationship of hormones and pain, concluding that the physiological effect of pain on the hormonal system is one of severe stress. The remaining chapters offer suggestions of treatment: Regenerative injection therapies, Mindfulness-based stress management, Biofeedback, Hypnosis, Guided imagery, Yoga, Tai Chi, Exercise and Movement, Manual Medicine, Traditional Chinese medicine and Acupuncture, Naturopathic treatments and Ayurvedic approach to chronic pain, aimed at reducing stress of body and mind.

Section five investigates over sixteen chapters integrative approaches with certain conditions and settings in mind: headaches, fascial pain, chronic abdominal and irritable bowel syndrome, rheumatoid arthritis, pelvic pain, integrated spine care and myofascial pain syndrome. The next chapters describe pain management in the military setting, followed by a broad overview and brief discussion of cancer pain and cancer related pain. Subsequent chapters offer an exploration into pain in children and the older adult, pain at the end of life, as well as pain and addiction and the role of primary care as the centre of treatment.

In summary the authors emphasise that an integrative approach to pain management is essential for the modern pain service provider, suggesting integrative medicine as the treatment of choice for pain management, as it address the whole person’s wellbeing, lifestyle, mind, body and mind. They acknowledge a requirement in shift of care provision, setting out to empower all members of the multidisciplinary team to take part in patient care and challenge current care provision with an aim to improve the quality of life of those they care for. Although this text predominantly relies on US data and is contributed to by primarily American clinicians, it challenges current care provision worldwide and offers solutions transferable to any service, wherever the location may be.
The Scientific Program Committee (SPC) is a sub committee of the Australian Pain Society who organise the Annual Scientific Meetings (ASMs). The SPC report directly to the Board of Directors of the Australian Pain Society and consist of the Chair, plus other representatives from basic science and clinical research as well as representatives from diverse professional disciplines.

The SPC is looking for two new members to join the team who can help guide the direction of the ASMs to ensure the many areas of pain are represented at Australia’s only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives.

The Purpose of the SPC is:
• To provide continuity of program from year to year
• To support the current convenor
• To ensure quality and diversity of the program to meet the interest and expectations of members and sub-disciplines of the society
• To provide historical perspective on meetings
• Ensure a wide spread of topics of national interest.
• Keep an historical record of previous speakers and major topic areas already covered in past meetings

Responsibilities of the SPC are:
• To determine the theme, content and international speakers
• To review the feedback from delegates at the ASM
• To invite international speakers
• To invite national speakers
• To nominate speakers for the APS named lectures
• To determine the topics and speakers for the invited topical sessions
• To ensure the program addresses relevant and current topical issues

• To ensure the committee approves any pre or post conference meetings associated with the Annual Scientific Meeting and makes a recommendation to the Board for adoption.
• To ensure the planning of the meeting meets the deadlines of the critical path
• To ensure that the planning of the conference is in line with the approved budget
• To appoint an assessment sub-group to review submitted topical sessions and submitted abstracts

Responsibilities of Acute Pain SPC member
• SPC teleconferences are held every 4-6 weeks on a Wednesday afternoon at 4.30 pm (AEDT). The meetings last between 1 – 2 hours.
• There are 2 face-to-face meetings per year:
  - Full day meeting in Sydney in October/November, members attending from interstate will have their flights covered
  - Half day meeting on the Sunday of each ASM
• SPC members must attend more than 50% of scheduled teleconferences

To apply
• Please email aps2017@dccconferences.com.au and include a brief biography and outline of what you would be able to bring to the committee.

DEADLINE EXTENDED! APPLY TODAY.
APPLICATIONS CLOSE 1 NOVEMBER 2016
**RISING STAR AWARD**

**Hurry! Deadline for Submissions is Friday 21 October 2016.**

This award showcases rising star pain researchers in Australia, and may be awarded annually subject to the application of suitable candidates. The Rising Star Winner will receive a return airfare, accommodation, and complimentary registration to attend the 2017 APS 37th ASM, where they will give a plenary presentation to showcase their work and ideas.

For further information and to apply, please [click here](#).

Applications close: **FRIDAY 21 OCTOBER 2016**

**Eligibility criteria**

- Nominees must hold a PhD, and be within 5 years of conferral by the deadline of this award application.
- Applicants can be working in any field of pain research, including basic science, biomedical, clinical and other applied or cross-disciplinary sciences.
- The selection committee will take into account personal or extenuating circumstances that might provide grounds for consideration if the above eligibility criteria are not met.
  
  Please include details in the nomination form such as:
  - Time out for maternity/parental leave/carer’s leave/illness
  - Significant breaks in research time (e.g., due to clinical work, reduced research-focused post-doctoral employment)
  - Pro rata (so relative to opportunity for those working as clinicians or teaching/research posts)
- Only individual scientists are eligible (not research teams)
- Applicants must be available to attend APS 2017, and to deliver the Rising Star presentation
- Applicants must be members of the APS [join here](#)
- Australian citizenship/residency, currently working in Australia and have spent at least two post-doctoral years in Australia, or have returned to continue working in Australia

**Selection criteria**

This award will be based on excellence in pain-related research achievement, demonstrated from the applicant’s track record, including:

- Specific research achievements or discoveries
- Research impact/application
- Collaboration achievements – independent of your supervisor
- Publication record (quality and impact of publications; e.g., H-index, standing of journals, citations)
- Grants obtained (as a Chief Investigator)
- Patents held
- Peer recognition: Awards or prizes, national profile, international profile.

**Application details**

To apply for the Rising Star Award please visit the conference website and complete the [application form](#).

Submission deadline is **FRIDAY 21 OCTOBER 2016**
Persistent pain survey: Participants needed

Dr Manasi Gaikwad, from the Body in Mind Research Group and University of Adelaide is doing a PhD on the experiences of people with persistent pain. Her work so far has focused on the use of Vitamin D supplements and the views of General Medical Practitioners on the use of supplements and their effects.

We would appreciate if you would pass news of this study onto your patients, or if you have persistent pain yourself, please consider completing it. It will take about 15 minutes. We know your time is precious and we are grateful for it should you be able to help.

Participate now!
MEDIA RELEASE

Barton Deakin Brief: Australian Government Response to the Review of Medicines and Medical Devices Regulation

16 September 2016

Yesterday, the Australian Government Department of Health released the Government response to the review of medicines and medical devices regulation. This response aims to identify ways to improve access to therapeutic goods for consumers and remove red-tape whilst maintaining the safety of therapeutic goods in Australia.

Background

In October 2014, the then Minister for Health, the Hon Peter Dutton MP and the Assistant Minister for Health, Senator the Hon Fiona Nash announced the Expert Panel Review of Medicines and Medical Devices Regulation.

The panel delivered two reports that assessed the regulatory framework for medicines and medical devices in Australia. The reports made 58 recommendations for reform.

The panel’s recommendations considered the following:

- The role of the Australian Government to make sovereign decisions regarding therapeutic goods;
- The medicines regulatory framework;
- The medical devices regulatory framework;
- Enhancements to post-market monitoring;
- The complimentary medicines framework; and
- The framework for advertising therapeutic goods to the public.

The Review reports noted the increasing globalisation of the pharmaceutical and medical devices industries and the rapid pace of innovation, and accordingly made recommendations as to how to position the Therapeutic Goods Administration (TGA) to respond to these trends in the future. It also recognised that the TGA has an excellent reputation internationally and domestically for its role in ensuring the timely availability of safe, efficacious and high quality therapeutic goods.

Therapeutic Goods Administration (TGA)

The Therapeutic Goods Administration (TGA) is Australia’s regulatory authority for therapeutic goods. We carry out a range of assessment and monitoring activities to ensure therapeutic goods available in Australia are of an acceptable standard with the aim of ensuring that the Australian community has access, within a reasonable time, to therapeutic advances.
Government’s Plan for Reform

The Department of Health undertook targeted consultation on the recommendations with consumer, health professional and industry groups through a series of stakeholder forums held in the second half of 2015. This consultation indicated widespread support for many of the Review’s recommendations, in particular the proposal to offer multiple pathways for market access for medicines and medical devices.

The proposed programme of reform involves:

- Increasing use of overseas assessments with comparable regulators, while maintaining sovereignty of regulatory decisions;
- Increasing flexibility in pre-market assessment processes for medicines and medical devices, including expedited and provisional approval and allowing the operation of commercial assessment bodies in Australia for medical device assessments;
- Taking a risk-based approach to variations to medicines and medical devices and access to products not listed in the Australian Register of Therapeutic Goods (ARTG);
- Enhancing post-market monitoring and improving integration of administrative arrangements relating to pre- and post-market processes for subsidy and other purposes;
- Australian Government Response to the Review of Medicines and Medical Devices Regulation
- Simplifying processes by which advertising of therapeutic products to the public is regulated;
- Working across government to consider incentives for innovation to improve the competitiveness of the Australian complementary medicines industry and increasing information available to consumers; and
- Conducting further reviews on the Scheduling Policy Framework for substances in consultation with states and territories and on the appropriateness of the application of the therapeutic goods regime to a range of low-risk products.

Next steps

The Government aims to take a strategic and systems-based approach. This will involve implementation of recommendations in a staged method over the next three years in order to maintain continuity of business. The Department of Health will collaborate and consult across government and with consumers, health professionals and industry in order to progress these reforms. The TGA, where necessary, will cost recover from industry so as to ensure that it is adequately resourced to implement these reforms and undertake the ongoing work without interrupting business as usual.

The reforms outlined in the Government’s response aims to improve access to therapeutic goods for Australian consumers, including the potential for expedited access to innovative and life-saving products, without compromising the integrity and safety of medicines and medical devices available in Australia.
MEDIA RELEASE

Further information

To view the Australian Government Response to the Review of Medicines and Medical Devices Regulation, click here.

To view the Expert Review of Medicines and Medical Devices Regulation, click here.

For further information, please contact Vanessa Findlay on +61 407 895 813, Grahame Morris on +61 411 222 680, David Alexander on +61 457 400 524, or Jessica Yu on +61 414 467 176.

To stay up to date with the affairs of Coalition Governments and Opposotions around Australia, you can follow Barton Deakin on Twitter and LinkedIn.
Registrations Now Open
Pain Interest Group Nursing Issues
Annual Professional Development Day
2016
Friday 21 October 2016 | Le Montage, Lilyfield NSW

Reframing Pain

The theme *Reframing Pain* will cover a varied program with local and national experts addressing evolving issues in acute and chronic pain. The day provides an opportunity to network and meet others interested in pain management.

For Further Information Contact DC Conferences Pty Ltd
www.dcconferences.com.au/PGIN16

Annual Conference 2016
Joint Pain
Focus on Pain Group, Queensland
22nd October 2016
Caboolture Hospital
Pain Management in Practice

Extend your clinical skills with this interactive 2 day workshop

Develop specialised assessment techniques for your clients with persistent pain
Implement practical techniques to empower your clients to achieve their goals

"Given me skills and insights for difficult patients who are getting stuck" - Physiotherapist
"Really useful approach to implement into clinical practice" - Titled Musculoskeletal Physiotherapist
"Helps identify ways to work with resistance and challenge" - Psychologist

Learn more and register at EmpowerRehab.com/Workshops or call (03) 9459 3344

Pain Management in Practice

Paediatric Pain is a Priority!

Upcoming Paediatric Pain Conferences for clinicians, researchers, and trainees

The Hospital for Sick Children (SickKids) with the Pain in Child Health (PICH) collaboration has created innovative, educational experiences targeted for researchers and clinicians interested in reducing pain in children. Listen to internationally renowned speakers presenting state of the art theory and practice in person or via live streaming.

Conference and Art Exhibit
Toronto, Ontario Canada
Nov 10, 2016

To Register:
1. Clinicians/Clinician Trainees
2. Researchers/Research Trainees

Featuring Dr. Stefan J. Friedrichsdorf, MD, FAAP, and Dr. Margot L. Latimer, RN, PhD with Mr. John Sylliboy, MEd

Unraveling the puzzle of pediatric pain:
From neurons to narratives
Featuring Dr. Maria Fitzgerald, PhD., and Dr. Ken Craig, PhD

Conference
Calgary, Alberta Canada
Nov 25, 2016

Register Here!
Tuesday 15 November 2016, 1-5pm - Register at www.psnz2016.co.nz

**PAIN IN CHILDREN AND ADOLESCENTS SIG SATELLITE MEETING**

Trinity Wharf, 51 Dive Crescent, Tauranga, New Zealand

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**CALLING ALL HEALTH PROFESSIONALS!**

OUR SIXTH INTER-PROFESSIONAL WORKSHOP

"MAKING SENSE OF PAIN"

IS NOW OPEN FOR REGISTRATION

Click on this link for details: [https://www.arthritiswa.org.au/events/details/id/247/](https://www.arthritiswa.org.au/events/details/id/247/)

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Date: Thursday 24th - Friday 25th NOVEMBER 2016.

Venue: Wyllie Arthritis Centre, 17 Lemnos St. SHENTON PARK WA 6008
Presenting the 8th Annual

National Dementia Conference

23 – 24 February 2017 | Stamford Plaza Adelaide

NZPS17

2-4 March 2017 — Nelson

Active & Able
Independent with Pain
Whiplash 2017
Meeting the Challenge

Earlybird Registration Deadline 30 JAN 2017
Abstract Submission NOW OPEN

EXPANDING HORIZONS
2017 Australian Pain Society 37th Annual Scientific Meeting
9–12 April 2017 | Adelaide Convention Centre

Expressions of interest online at www.dcconferences.com.au/aps2017
For sponsorship and exhibition opportunities or more information please contact the Conference Secretariat:
DC Conferences Pty Ltd • P: 61 2 9954 4400 • E: aps2017@dcconferences.com.au
### NEW MEMBERS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>DISCIPLINE GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr</td>
<td>Michael</td>
<td>Breeze</td>
<td>Nursing</td>
</tr>
<tr>
<td>Dr</td>
<td>Jon</td>
<td>Ford</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Mrs</td>
<td>Kristi</td>
<td>Graham</td>
<td>Nursing</td>
</tr>
<tr>
<td>Dr</td>
<td>Tim</td>
<td>Hibberd</td>
<td>Science Research</td>
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<tr>
<td>Mrs</td>
<td>Savithri</td>
<td>Lecamwasam</td>
<td>Nursing</td>
</tr>
<tr>
<td>Mr</td>
<td>Tyson</td>
<td>Sharpe</td>
<td>Psychology</td>
</tr>
<tr>
<td>Mr</td>
<td>Michael</td>
<td>Strintzos</td>
<td>Physiotherapy</td>
</tr>
</tbody>
</table>
ITEMS OF INTEREST FOR OUR MEMBERS


• ePPOC: electronic Persistent Pain Outcomes Collaboration
  For more information about ePPOC, refer to the website: http://ahsri.uow.edu.au/eppoc/index.html


• PainHEALTH website http://painhealth.csse.uwa.edu.au/

• Pain Series
  An excellent series of articles run late 2015 by The Conversation: https://theconversation.com/au/topics/pain-series

• Low Back Pain (LBP) in Aboriginal Australians
  A very informative series of 5 videos developed by WA Centre for Rural Health about low back pain in Aboriginal Australians: https://www.youtube.com/playlist?list=PLGSl0Kp0YFWUlyKi1oCG7NwFucLFyVLJ

• ANZCA/FPM Free Opioid Calculator App
  Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: http://fpm.anzca.edu.au/FRONT-page-news/Free-Opioid-Calculator-App

• Stanford University
  CHOIR Collaborative Health Outcomes Information Registry: https://choir.stanford.edu/

• Global Year Against Pain in the Joints
  See our video message from APS President, Dr Geoffrey Speldewinde: https://youtu.be/EBR8g378idU?list=PLqYLGHWnzVI5qETQp2oN-GocNLEejKJTIS

• Treating chronic pain

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE (ACSQHC) RESOURCES:


NPS MEDICINEWISE RESOURCES


• Chronic pain communication tool: http://www.nps.org.au/conditions/nervous-system-problems/pain/for-individuals/pain-conditions/chronic-pain/for-individuals/communication-tool

• Managing chronic pain videos with Dr Malcolm Hogg: http://www.nps.org.au/conditions/nervous-system-problems/pain/for-individuals/pain-conditions/chronic-pain/for-individuals/pain-management


NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

FYI

health.nsw.gov.au/about-aci/cultural-respect


MEMBERS ONLY AREA OF APS WEBSITE:

- APS 2016 Plenary Recordings: As an exclusive benefit to APS members, the Plenary recordings from the 2016 conference in Perth are now available for free access.
- Centric Wealth Newsletters: APS member funds are invested with Centric Wealth. Market reports are available on the Members Only Area of our website.

APS MEDIA RELEASES:

- Refer to our website for a full listing of media releases: http://www.apsoc.org.au/Media
- Our next conference will use the Twitter hashtag: #auspain2017

POSITION VACANT

HUNTER PAIN CLinic
Excellence in Pain Medicine

CLICK TO LEARN MORE
www.hunterpainclinic.com.au

ADVANCED TRAINEE IN PAIN MEDICINE

Candidates are sought for the position of Advanced Trainee in Pain Medicine at Hunter Pain Clinic, a multidisciplinary pain clinic in Newcastle, Australia.

The unit is accredited for Advanced Training with the Faculty of Pain Medicine for attainment of the FFPMANZCA degree.

The unit is currently enrolled for certification against an ISO9001 Quality Management System which is internationally recognised.
CALENDAR OF EVENTS

14-16 Oct 2016
Australian Anaesthesia Allied Health Practitioners Inaugural National Conference
Advances in Pain Medicine & Remote Area Anaesthesia
Pan Pacific Hotel, Perth, WA

15-16 Oct 2016
Pelvic Pain Foundation of Australia
Pelvic Pain Seminar and Physiotherapy Masterclass
Piper Alderman, Adelaide, SA

16-19 Oct 2016
Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) 1st Annual Scientific Meeting
Change. Challenge. Opportunity
Crowne Promenade, Melbourne, VIC

20-21 Oct 2016
Australian Disease Management Association (ADMA) 12th Annual National Conference
Person Centred Healthcare: Achievements & Challenges
Melbourne Convention & Exhibition Centre, Melbourne, VIC

21-Oct-16
Pain Interest Group Nursing Issues (PIGNI)
Reframing Pain - Annual Professional Development Day
Le Montage, Lilyfield, Sydney, NSW

26-28 Oct 2016
Australian College of Nursing
The National Nursing Forum 2016 - The Power of Now
Melbourne Park Function Centre, Melbourne, VIC
**CALENDAR OF EVENTS**

**Various dates from 27 Oct to 17 Nov 2016**
**Empower Rehab**
*Pain Management in Practice 2 day workshop*
Various venues, Brisbane, Sydney, QLD, NSW

**27-30 Oct 2016**
**Society for Paediatric Anaesthesia in New Zealand and Australia**
*SPANZA 2016 From Vine to Vintage*
Adelaide Convention Centre, Adelaide, SA

**8-10 Nov 2016**
**Lowitja Institute International Indigenous Health and Wellbeing Conference 2016**
*Identity Knowledge Strength*
Melbourne Convention & Exhibition Centre, Melbourne, VIC

**11-12 Nov 2016**
**Delhi Pain Management Centre**
*India Pain Update 2016-Newer Paradigms in Pain Management*
India Habitat Centre, New Delhi, India
[http://www.indiapainupdate.com](http://www.indiapainupdate.com)

**15-Nov-16**
**Paediatric Society of New Zealand**
*Pain in Children and Adolescents SIG Satellite Meeting*
Trinity Wharf, Tauranga, New Zealand
[https://forumpoint2.eventsair.com/QuickEventWebsitePortal/psnz16/info/Agenda](https://forumpoint2.eventsair.com/QuickEventWebsitePortal/psnz16/info/Agenda)

**24-25 Nov 2016**
**Arthritis & Osteoporosis WA**
*Making Sense of Pain - a workshop for Health Professionals*
Wylie Arthritis Centre, Perth, WA
CALENDAR OF EVENTS

1-3 Dec 2016
Indigenous Conference Services
International Indigenous Allied Health Conference
Pullman, Cairns, QLD

1-3 Dec 2016
Indigenous Conference Services
Closing the Gap 2016 International Indigenous Health Conference
Pullman, Cairns, QLD
http://www.indigenousconferences.com/#/2016-indigenous-health-conference/sta1q

4-7 Dec 2016
Australasian Neuroscience Society 36th Annual Scientific Meeting
Take your brain south
Hotel Grand Chancellor, Hobart, TAS

16-19 Feb 2017
ASEAPS 2017 - 7th Association of South-East Asian Pain Societies Congress in conjunction with MSSP 3rd National Seminar on Pain
Professional Accountability with Interactive Networking
TBA, Yangon, Myanmar
http://www.aseaps2017.com

23-24 Feb 2017
National Dementia Congress
8th Annual Congress 2017
Stamford Plaza, Adelaide, SA

2-4 Mar 2017
New Zealand Pain Society Annual Scientific Meeting
Active & Able: Independent with pain
The Rutherford Hotel, Nelson, New Zealand
http://www.nzps2017.org.nz
CALENDAR OF EVENTS

24-26 Mar 2017
RANZCP, RACP & RACGP
International Medicine in Addiction Conference IMiA17
International Convention Centre Sydney, Sydney, NSW
http://www.imia17.com.au

25-Mar-17
Pain Association of Singapore
Annual Scientific Meeting 2017
One Farrer Hotel, Singapore, Singapore
http://www.pas-asm.com

8-9 Apr 2017
Neuromodulation Society of Australia and New Zealand 12th Annual Scientific Meeting
Mechanisms of Action
Adelaide Convention Centre, Adelaide, SA

9-12 Apr 2017
Australian Pain Society 37th Annual Scientific Meeting
Expanding Horizons
Adelaide Convention Centre, Adelaide, SA

26-29 Apr 2017
National Rural Health Alliance 14th National Rural Health Conference
A World of Rural Health in Australia
Cairns Convention Centre, Cairns, QLD
http://www.ruralhealth.org.au/14nrhc/about

5-6 May 2017
Griffith University
Whiplash 2017 Symposium
Crowne Plaza, Surfers Paradise, QLD
CALENDAR OF EVENTS

6–9 Jul 2017
IASP Pain in Childhood SIG, Malaysian Association for the Study of Pain and College of Anaesthesiologists

*ISPP 2017 11th International Symposium on Pediatric Pain: Understanding Pain In Children - Take the First Step*
Shangri-la, Kuala Lumpur, Malaysia
http://www.ispp2017.org

19–21 Jul 2017
Occupational Therapy Australia

*Partnership, Inclusion and Innovation*
Perth Convention and Exhibition Centre, Perth, WA
VISION:
All people will have optimal access to pain prevention and management throughout their life.

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

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 pain-related evidence-based research
• To share and promote the expertise of all disciplines involved in the treatment of pain
• To foster and support the prevention of persistent pain
• To promote and facilitate evidence-based pain related education for health professionals and the community
• To promote the development and use of standards and outcome measures in everyday clinical practice
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