

The Australian Pain Society NEWSLETTER

Volume 37, Issue 6



► Editor's Note

Many authors have contributed to the Science of Pain feature (reproduced with permission from the Australian Physiotherapy Association) giving their views on recent research and its implications across a broad range of aspects of pain management.

'There's an App for that!' is becoming increasingly true. A common theme in this month's newsletter is the increasing use of eTechnology. Tim Austin reviews the on-line 12 modules of Better Pain Management Program from the Faculty of Pain Medicine which attracts a 20% discount for all APS members. Additionally, the PainHEALTH web site has been updated, re-vamped with a mobile friendly responsive interface.

Use it – or Lose it, can be relevant to our patients, and to ourselves regarding viewing the free (for APS members) plenary conference videos. Simply log-in as a member to the APS website, go to Conference Recordings - Read More - ASM 2017 Adelaide, for the incredibly clear recordings.

The IASP has a call out for assistance with field testing ICD-11, which will be submitted to the World Health Organisation (WHO). ICD-11 aims to contribute to the improvement of the diagnosis and treatment of chronic pain, a subject close to all our hearts.

Finally, we would like to acknowledge the enormous contribution Lesley Brydon has made to PainAustralia and to the wider pain management community. She leaves big shoes to fill for the new CEO Carol Bennett, who is beginning by asking your views via an online survey.

Dr Stephanie Davies
Editor





Australian Pain Society 38th and
 New Zealand Pain Society
 Conjoint Annual Scientific Meeting
 International Convention Centre Sydney
8 - 11 April 2018

TOPICAL SESSION SUBMISSIONS NOW OPEN!

On behalf of the Scientific Program Committee and the Local Organising Committee, we are pleased to advise topical session submissions for APS NZPS 2018 are now open.

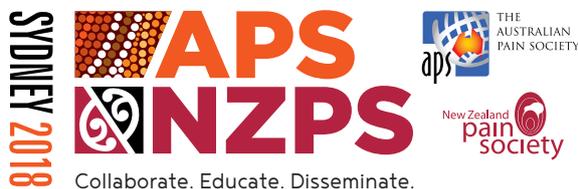
The deadline for Topical Session submissions is:

WEDNESDAY 30 AUGUST 2017

View the [topical session submission guidelines](#)

Visit the [online topical session submission portal](#)

We look forward to receiving your submissions. Should you have any queries regarding your submission or the process, please contact the [Conference Secretariat](#)



2018 Australian Pain Society 38th and
 New Zealand Pain Society Conjoint Annual Scientific Meeting

International Convention Centre Sydney | 8-11 April 2018

Join us online - #anzpain18

Expressions of interest online at www.dconferences.com.au/apsnzps2018
 For sponsorship and exhibition opportunities or more information please
 contact the APS NZPS Conference Secretariat | DC Conferences Pty Ltd
 P 61 2 9954 4400 | E apsnzps2018@dconferences.com.au

SUBMISSION DEADLINES

- Broadfoot Trust Prize **1 June 2017**
- Topical Sessions **30 August 2017**
- Free Papers & Posters **13 October 2017**
- Rising Star Award **13 October 2017**
- Early Bird Registration **23 February 2018**

Save the Date



PLUS

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



INTERNATIONAL KEYNOTE SPEAKERS

Professor Liesbet Goubert



Prof Goubert works in the Department of Experimental Clinical and Health Psychology at Ghent University, Belgium. Her

research focus is on the interpersonal dynamics of (chronic) pain and chronic illness. More recently she has become interested in the study of psychosocial resilience mechanisms that may account for the sustainment of adaptive functioning and well-being in the presence of pain.

Professor Stephen McMahon



Prof McMahon is Sherrington Professor of Physiology at King's College London and a Fellow of the Academy of Medical Sciences.

His major research interest is pain mechanisms - identifying pain mediators and studying their neurobiological actions. His current research is focused on neuro-immune interactions, particularly the neurobiology of chemokines, and the genetics and epigenetics of pain.

Dr Tonya Palermo



Dr Palermo is a pediatric psychologist and Professor of Anesthesiology & Pain Medicine at University of Washington with adjunct

appointments in Pediatrics and Psychiatry. She also directs the Pediatric Pain & Sleep Innovations Lab that aims to improve the lives of children with pain and their families by developing, evaluating, and disseminating innovative treatments that can be delivered at low cost.

EXPANDING HORIZONS



Australian Pain Society

37th Annual Scientific Meeting

9 - 12 April 2017

Adelaide Convention Centre

PLENARY VIDEOS NOW AVAILABLE

FREE to APS Members

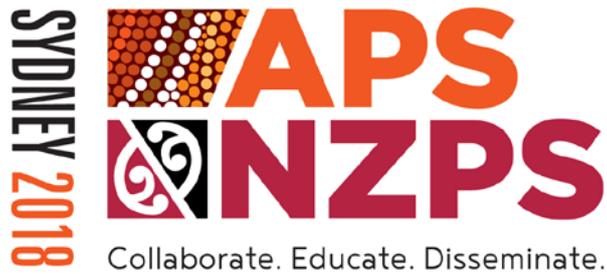
WE ENCOURAGE MEMBERS TO USE THIS BENEFIT OR RISK LOSING IT!

Login to the APS Website [Members Area](#)

If you would like to purchase recordings of other APS2017 sessions,

please use the [EverTechnology online order form.](#)

Check out our brief [Promotional Video of APS2017](#), featuring vignettes of 4 of our plenary speakers.



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8 - 11 April 2018

ABSTRACT SUBMISSION

Submissions now open!
Submission Deadline: Friday 13 October 2017

The Scientific Program Committee and Local Organising Committee for the 2018 Australian Pain Society 38th and New Zealand Pain Society Conjoint Annual Scientific Meeting are pleased to advise free paper and poster abstract submissions for APS NZPS 2018 are now open.

Please note the following points regarding the submission process:

- The submitting author **MUST** be the main author and the person who will present the work at the ASM.
- If your abstract is accepted, either as a free paper or poster, there is an expectation that you will attend the conference to present this paper.
- Expressions of Interest (EOI) for travel grant applications are also being collected as part of the submission process

EOI for PhD / Nurse / AHP Travel Grant Applications

Delegates wishing to apply for a PhD / Nurse / Allied Health Professional (AHP) travel grant must:

- be the major contributor and submitting author of the abstract,
- complete the PhD / Nurse / AHP Travel Grant section of the abstract submission process
- Complete and submit the travel grant application form

For further information, to ensure you meet the terms and conditions for travel grant applications and to complete the travel grant application form, please [click here](#)

To view the abstract submission guidelines please [click here](#)

To submit an abstract please [click here](#)

We look forward to receiving your submissions!



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RISING STAR AWARD APPLICATIONS NOW OPEN

The Rising Star 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 APS NZPS 2018, where they will present a plenary talk to showcase their work and ideas.

Applications are now open, for further information and to apply, please [click here](#)

Applications close: Friday 13 October 2017

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.
- Only individual scientists are eligible (not research teams)
- Applicants must be available to attend APS NZPS 2018, and to deliver the Rising Star presentation
- Applicants must be members of the APS (join here <http://www.apsoc.org.au/join-the-society>)
- 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.

[For further information and to apply please visit the conference website](#)

We look forward to receiving your submission!

SCHOLARSHIP FEATURE

Current Scholars

PhD Scholarship Sponsor	Seqirus #1-APS-APRA
Scholar	Sherelle Casey
Topic	<i>"Cannabinoids for neuropathic pain"</i>
Clinical Research Grant	Cops for Kids #1-APS-APRA
Scholar	Dr Adrienne Harvey
Topic	<i>"A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy"</i>

Past Scholars

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

SCHOLARSHIP FEATURE

Past Scholars

PhD Scholarship Sponsor Scholar Completed Topic	APS #3-APRA Susan Slatyer 2013 <i>"Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses' perspective"</i>
PhD Scholarship Sponsor Scholar Completed Topic	APS #4-APRA Amelia Edington 2013 <i>"Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain"</i>
PhD Scholarship Sponsor Scholar Completed Topic	Janssen Cilag #1-APS-APRA Mary Roberts Due 2016 <i>"An investigation of the role of sleep in chronic pain"</i>
PhD Scholarship Sponsor Scholar Topic	Mundipharma #3-APS-APRA Audrey Wang <i>"An investigation of the role of the brain in recovery from CRPS, using fMRI"</i>
PhD Scholarship Sponsor Scholar Topic	Janssen Cilag #2-APS-APRA Sarah Kissiwaa <i>"Pain induced synaptic plasticity in the amygdala"</i>
PhD Scholarship Sponsor Scholar Topic	APS #5-APRA James Kang <i>"Epigenetic influence in cognitive impairments in chronic neuropathic pain"</i>



THE
AUSTRALIAN
PAIN SOCIETY



ANNOUNCING THE APS/APRA/CFK CLINICAL RESEARCH GRANT #2

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 our partnership with Cops For Kids, for the second [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 Sunday 15 October 2017.**

**SYDNEY
2018**



Collaborate. Educate. Disseminate.

PRE-CONFERENCE WORKSHOP PICK'N' MIX

Just like the old-school Milk Bar, you have the option to pick 'n' mix your pre-conference workshop selection. For example, you may want to attend the Fundamentals of Pain Workshop in the morning and then head over to the Pain in Childhood afternoon session. This gives you the freedom to customise your conference experience.

Morning Workshops

- Acute Pain (AM)
- Pain in Childhood (AM)
- Basic Pain Research
- Fundamentals of Pain

Afternoon Workshops

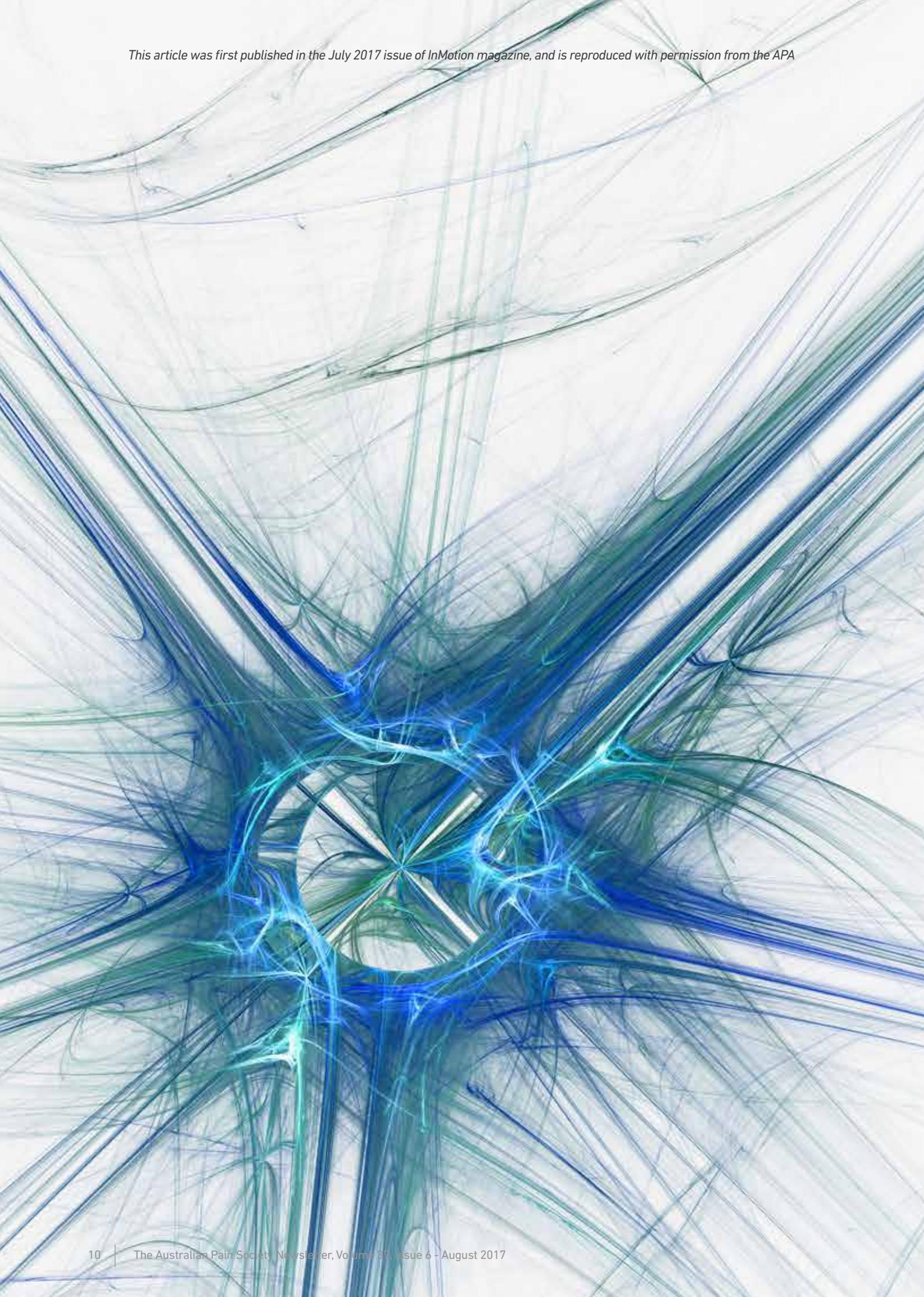
- Acute Pain (PM)
- Pain in Childhood (PM)
- Pharmacology in Pain Management
- Physiotherapy in Pain Management
- Pain Toolkit – Run by Pete Moore

Date: Sunday 8 April 2018

Venue: International Convention Centre, Sydney

Website: [http://dcconferences.com.au/apsnzps2018/Pre-Conference Workshops](http://dcconferences.com.au/apsnzps2018/Pre-Conference_Workshops)

Further information coming soon, in the meantime make sure to SAVE THE DATE.



THE SCIENCE OF PAIN AND ITS IMPACT ON FUTURE PRACTICE

The Australian Pain Society held its 2017 Annual Scientific Meeting in Adelaide in April, attended by some of the most respected leaders in the pain field. With the all-encompassing theme ‘Expanding Horizons’, the event’s diverse program featured presentations on a broad cross-section of research, covering physiotherapy in pain management. Here, selected presenters elaborate on the key features of their work, and in doing so they highlight the latest in pain-related research that has important clinical implications for physiotherapy practice.



Professor Michael Sullivan

The Professor of Psychology, Medicine, Neurology and Neuroscience at McGill University and developer of the Progressive Goal Attainment Program discusses the psychological influences on pain outcomes

Until very recently, medical models dominated our approach to understanding pain. Clinical practitioners proceeded from the assumption that pain was the direct result of tissue damage. When presented with someone in pain, clinical assessment essentially entailed searching for the tissue damage causing the pain. When no damage was discerned, clinicians often concluded the clinical presentation must be due to psychological causes; in other words, if there was no tissue damage, the pain wasn't real.

As far back as 1965, Ronald Melzack and Patrick Wall invited us to reconsider the assumptions we brought to the clinical management of pain. They suggested it was not useful to view psychological factors as either causes or consequences of pain, but rather, they should be viewed as an integral part of the pain system. But the assumptions underlying clinical practice are slow to change, and still today we see many clinicians proceeding from archaic, outdated, and unhelpful perspectives on what pain is, what causes it, and how best to treat it.

CHANGING VIEWS

Several factors have been responsible for changing clinical practitioners' perspectives on pain. Considerable research over the past two decades has highlighted the important contributions of psychological factors to the experience of pain. Slowly, the results of this research have made their way into the clinical curriculum of several practice disciplines. I am often invited to guest lecture on the psychology of pain in schools of physiotherapy. Twenty years ago, my lectures would be met with suspicion, disbelief and even hostility. Today, the response is much different; there is a greater openness to considering non-physical or non-medical influences on pain. In some schools of physiotherapy, training in the use of instruments to assess psychosocial influences on pain has been incorporated into the curriculum.

Approximately 10 years ago, we published the first clinical trial where physiotherapists were used as the interventionists in treatment program targeting psychosocial risk factors for pain and disability in individuals with whiplash injuries. Our objective was

to develop a psychosocial intervention that relied on 'activity' as a tool to change injured clients' attitude, beliefs and behaviours as opposed to the 'talking' tools used by psychologists. The result was the development of the Progressive Goal Attainment Program (PGAP). We could show that psychosocial risks factors could be effectively managed by physiotherapists who had attended a two-day PGAP training workshop. We are now working closely with injury insurers to develop a network of PGAP-trained physiotherapists in Australia (visit pgapworks.com to find out more about training opportunities in Australia). In our work, we have emphasised that while psychosocial risk factors are part of the client's 'psychology', psychosocial risk factors are not mental health disorders. As such, it is not necessary that the clinician be a mental health professional.

COMPLEX CONNECTIONS

As we continue in our efforts to understand pain phenomena, we are realising the pain system is very complex. We are slowly starting to unravel the mystery of how psychological, physical and environmental influences converge to impact on pain. We are now beginning to tackle the enormous challenge of seeing how this new knowledge can be translated into new avenues of intervention. Progress has been slow, but there is room for optimism. As long as we allow ourselves to question, and ultimately abandon, the assumptions underlying some of the traditions of many practice disciplines, we create opportunities for making important strides forward.



Dr Emma Karran

The physiotherapy clinician and University of South Australia PhD candidate talks about the prognostic accuracy of lower back pain screening instruments for recent-onset low back pain

THE RIGHT TOOLS

Careful consideration of the best prognostic screening tool to use clinically is of crucial importance—particularly if patient management is guided by the results of screening. What many clinicians do not realise is the prognostic accuracy of screening instruments (eg, the popular STarT Back screening tool) is highly setting-specific. An instrument developed and validated on a patient group with particular characteristics (eg, neck pain) in a particular setting (eg, primary care) cannot be assumed to perform similarly with a different group of patients (eg, low back pain) in an alternative setting (eg, secondary care).

When considering whether screening is likely to be useful, clinicians need to consider:

- whether the clinical cohort in which it was developed is similar to their own—considering the site and severity of pain and disability, chronicity, clinical setting, and country of investigation
- the purpose of screening—is the instrument being used to provide prognostic information or to identify patient characteristics which may assist targeted management?
- should the characteristics of the clinical population and setting vary? Clinicians must appreciate the implications of relying on the results of (potentially inaccurate) screening to guide care decisions.

EARLY SCREENING

Individualised management pathways based on comprehensive clinician assessment and clinical reasoning remain the optimal approach for management of patients with musculoskeletal pain conditions. This approach, however, is costly and time-consuming, is likely to sometimes be unnecessary and could also be (inadvertently) harmful. Early patient screening offers the potential to avoid over-treatment by identifying patients likely to recover well and offer them minimal/no treatment. It may also allow clinicians to identify early possible psychological obstacles to optimal recovery.

Screening for these purposes may offer an advantage in settings where it is impractical or too costly to offer comprehensive assessment. An ideal approach may be to allow screening to guide early management, with ongoing patient assessment and follow-up to ensure the patient continues to receive appropriate care. Ongoing collection and evaluation of screening results and outcome data will be important for ensuring that a screening approach is acceptably accurate, and outcomes superior to 'usual care'.

RESEARCH REACTIONS

One of the things I have been most surprised about is how much interest my research into this topic has generated. I have undertaken two investigations: a study of the usefulness of prognostic screening in a spinal secondary care setting, and a systematic review of the prognostic accuracy of LBP screening instruments for recent-onset low back pain in primary care. Completing these studies has provided unexpected opportunity for conversation, collaboration, travel and presentations; where I have always found clinicians and researchers keen to engage in discussion about my findings. One of the particular challenges has been the need for careful explanation of some somewhat

contentious research conclusions—relating to the really poor prognostic performance of the very popular STarT Back Screening Tool.

What is also surprising and challenging (and of relevance to the back pain field) is that despite many years of research into identifying risk factors for poor clinical outcomes, developing and improving screening instruments and commencing 'implementation' research (ie, randomised controlled trials of care pathways guided by screening), we still seem to have a long way to go... For a condition as complex and individual as low back pain I often wonder if we will ever reach a point when we will be able to confidently recommend early patient screening with matched care pathways as the optimal, evidence-based management approach.



Professor Juli Coffin

A prominent Aboriginal researcher with expertise in cultural security, education and health, Juli has a doctorate in racism and impacts on Aboriginal young people. This piece is a collaboration with Dr Lin.

Dr Ivan Lin, APAM

Geraldton Regional Aboriginal Medical Service physiotherapist and senior lecturer with the WA Centre for Rural Health and Curtin School of Physiotherapy and Exercise Science (adjunct).



BUSTING MYTHS

Historically, there has been the perception that Aboriginal and Torres Strait Islander people do not experience pain in the way that non-Aboriginal and Torres Strait Islander 'Western' populations do; that Aboriginal and Torres Strait Islander people have an extraordinary

ability to withstand pain and are not troubled by musculoskeletal pains. This perception has been written in scientific literature and is something we have heard clinicians say. This is problematic because this generalisation can potentially sideline musculoskeletal pain as an issue for Aboriginal and Torres Strait Islander people. From some of the research our team has been involved with, we know that musculoskeletal pain is profoundly disabling for some Aboriginal and Torres Strait Islander people.

Another myth, related to the first, was that Aboriginal and Torres Strait Islander people do not want to access care. We know that Aboriginal and Torres Strait Islander people have lower levels of access to musculoskeletal pain care for conditions such as osteoarthritis; Aboriginal and Torres Strait Islander people attend their GP at about half the rate as non-Aboriginal and Torres Strait Islander people. At face value, this supports the myth. However, we also know that the prevalence of musculoskeletal pain is higher; back pain is about 1.1 times and OA 1.2–1.5 times the rate of non-Aboriginal and Torres Strait Islander people. More importantly, we know that the reasons why Aboriginal and Torres Strait Islander people choose to not access care relate to the care that is delivered. Communication is poor and people aren't provided with an explanation about their pain, or patients feel they have been negatively stereotyped and receive a lower standard of care. The key messages for clinicians and others are that musculoskeletal pain is an important and largely unmet need in Aboriginal and Torres Strait Islander communities, and when an Aboriginal and Torres Strait Islander person accesses care for musculoskeletal pain it may be a critical point of intervention. Positive clinical interactions are very important, otherwise someone may not come back and the opportunity to engage that person may be lost.

HEALTH HURDLES

An overarching hurdle is when healthcare is not culturally secure, meaning the cultural needs of Aboriginal and Torres Strait Islander people with musculoskeletal pain are not considered. A lack of cultural security can occur at many levels. This can happen on an interpersonal level when practitioners communicate using language patients do not understand, they lack basic interpersonal skills, they use a 'one size fits all' philosophy of care, or when practitioners do not know about local cultural groups. These result in a lack of trust, negative perceptions about a health service, and result in people choosing not to attend. There are other barriers, such as Aboriginal and Torres Strait Islander people without the financial resources being unable to afford private healthcare. In some remote and rural settings there may be limitations in the services available.

There is early evidence that the quality of care received by Aboriginal and Torres Strait Islander people with musculoskeletal pain is poorer than the general standard of care. Aboriginal and Torres Strait Islander patients are 2.2 times more likely to be prescribed opioids by GP trainees in primary care, most commonly for back pain. This is of concern given the escalating problems of opioid-related harms. We know the overall the quality of musculoskeletal pain care could be improved and is currently lagging behind the evidence (eg, overuse of imaging for musculoskeletal complaints, limited integration of psychosocial factors into care). Investigating the quality of musculoskeletal care is important, especially if care disparities are identified between different populations, so that they can be addressed. This is the focus of some of our current work.

MEETING THE NEED

Providing services that are culturally, geographically, and economically accessible is a good start. High-quality care is care that is informed by the best-available evidence from both musculoskeletal pain and cultural perspectives. Clinicians might first need to have a critical look at the care they are providing. Do they want to increase accessibility by Aboriginal and Torres Strait Islander people? How many Aboriginal and Torres Strait Islander people are currently accessing care? How culturally secure is the current care provided? Are they up-to-date with the current evidence for musculoskeletal pain management? How are Aboriginal and Torres Strait Islander people involved in care, for example Aboriginal and Torres Strait Islander staff such as Aboriginal and Torres Strait Islander health practitioners or family members of the patient?

At the patient level, Aboriginal and Torres Strait Islander healthcare is no different to quality patient-centred care in that clinicians need to develop trust and a strong therapeutic alliance with patients. Clinicians are needed who have a good understanding about the context of Aboriginal and Torres Strait Islander patients they see and who can engage well with them, who have really good communication skills, and the ability to reflect upon and adapt their communication style as suitable to the context of the patient.



Associate Professor Julia Hush, APAM

The physiotherapy researcher and educator presented a topical session on pain, plasticity and descending modulation (and its impacts on treatment of physiotherapy patients)

PHYSIOTHERAPY LINKS

This topical session combined three multidisciplinary clinicians and researchers who have expertise both in pain education and clinical pain management from the fields of physiotherapy (myself from the Discipline of Physiotherapy, Macquarie University), psychology (Professor Michael Nicholas, Pain Management Research Institute, Royal North Shore Hospital), and medicine (Dr Chris Hayes, Hunter Integrated Pain Service, John Hunter Hospital, Newcastle).

My presentation on ‘Pain, plasticity and modulation: current evidence and clinical application’ provided some foundational concepts for the session. One key concept was a clinical model of pain (Figure 1) illustrating that in most, but not all, cases, the experience of pain is driven by the integration of processes at three levels of the neuraxis: generation of a signal in peripheral tissues, amplification of that signal at the spinal cord, and systems in the brain that can set the gain on amplification of signals projecting from the spine, thereby turning up or down the volume of pain experienced, via descending modulation pathways.

PAIN MODULATION

There is a large body of knowledge about how activation of midbrain and medullary regions can exert powerful bidirectional control over nociceptive signalling. Importantly, we now know these regions receive inputs from higher brain centres responsible for processes such as cognition and attention, as well as from brain regions involved with emotion and mood. Understanding how thoughts and emotions alter pain perception via these descending modulatory systems helps us understand how our patients think and feel, and can directly modulate how they experience pain.

Research shows these neural systems involved in the experience and modulation of pain are highly dynamic: they are not hard-wired but rather are neuroplastic, meaning they can change structure and function rapidly in response to a range of factors. The bad news is that changes can occur in these pathways that are maladaptive, causing pain

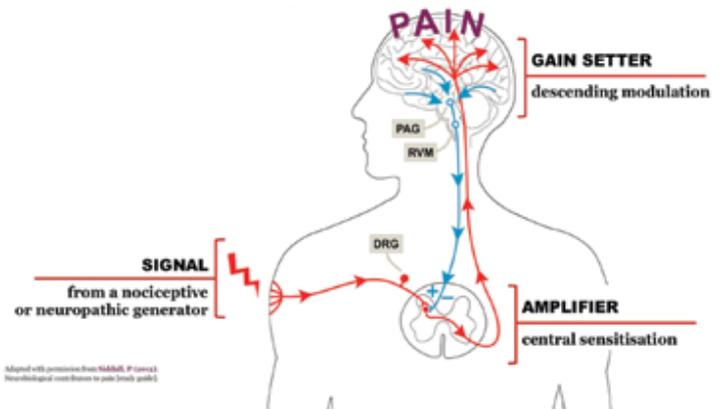


Figure 1. The Macquarie University Clinical Model of Pain

amplification that may contribute to chronic pain states. This might include features such as heightened sensitivity to noxious or non-noxious stimuli, which presents clinically as hyperalgesia and allodynia. For the patient, this means everything hurts. For example, normal joint movement causes pain in patients with arthritis, or the touch of clothes against the skin can cause burning pain in patients with nerve injuries.

The good news for physiotherapists and their patients is that there are multiple ways to harness this plasticity to reduce patients’ experience of pain. We can select treatments that target the peripheral nociceptive signal to

normalise sensorimotor input (eg, with movement or motor training), or turn down signal amplification at the spinal cord (eg, with transcutaneous electrical nerve stimulation (TENS) or manual therapies via effects on A-beta fibres) and reduce the gain setting at the brain (eg, with education to reduce unhelpful thoughts or expectations, or exercise to release endogenous opioids).

ROGER FILLINGIM MODEL OF PAIN

In this revised model (Fillingim 2017), pain is not just influenced by biological, psychological and social factors, but rather the interaction of the three factors is understood to create the experience of pain. This can help clinicians recognise an individual's pain is sculpted by a mosaic of factors that are completely unique. As physiotherapists, we need to adequately identify this constellation of factors to provide effective treatment. Examples were presented in the session of how physiotherapists might incorporate a more multidimensional approach to pain assessments and use this information to develop a better targeted approach to pain management. Practical approaches were discussed including using screening questionnaires (eg, to identify whether involvement of a clinical psychologist might be useful) as well as questioning patients during history-taking to investigate the patients' thoughts and beliefs about their condition, coping strategies and how their pain impacts work, family or social roles.



Dr Siobhan Schabrun

The physiotherapist and NHMRC Career Development Fellow at Western Sydney University who holds a PhD in neuroscience discusses non-invasive brain stimulation as a new treatment

THERAPEUTIC POTENTIAL

Non-invasive brain stimulation technologies, such as transcranial direct current stimulation and repetitive transcranial magnetic stimulation, are being considered as tools to target neuroplasticity and pain in people with chronic musculoskeletal conditions. Transcranial direct current stimulation (tDCS) involves the application of weak direct electrical currents to the brain via scalp electrodes, whereas repetitive transcranial magnetic stimulation (rTMS) induces electrical stimulation of the cortex via electromagnetic fields generated by a coil. These techniques can be used in two ways: as stand-alone treatments or as brain 'primers'. Priming the brain to increase its responsiveness to traditional therapy (eg, exercise, manual therapy, electrical

stimulation, medication) may produce mechanistic and clinical benefits in people with musculoskeletal pain that are greater than when non-invasive brain stimulation or traditional therapy are applied alone. We have shown in a preliminary study that tDCS, combined with exercise, may produce greater effects on pain, function and central sensitisation than exercise applied alone in knee osteoarthritis. The opportunity to use non-invasive brain stimulation to boost the brain prior to traditional therapy is likely to have greater therapeutic potential, and be of greater relevance to physiotherapists, than non-invasive brain stimulation applied alone.

INVESTIGATIONS UNDERWAY

The field of non-invasive brain stimulation is still in its infancy and as a result, much of the existing research is in the proof-of-concept stage. A wide range of stimulus parameters and patient populations are being investigated in an attempt to narrow down those with the greatest therapeutic potential. Randomised controlled trials (RCT) are just beginning. Despite this, there are already a number of systematic reviews that pool studies with small samples, heterogeneous stimulation protocols and a range of patient populations. Given the emerging nature of the field, these reviews should be interpreted with caution. In addition, if the aim of treatment is to prime the brain for a second therapy, both treatments must activate similar neural circuits. For example, a recent RCT combined tDCS over the primary motor cortex with cognitive behavioural therapy (CBT) and found no evidence of effect. However, it is likely the effects of CBT are mediated by neural circuits that do not primarily involve the motor cortex. Finally, a number of complex factors influence an individual's capacity for plasticity (eg, genetics, hormones, exercise, time of day) and it is unclear which individuals are most likely to respond to non-invasive brain stimulation treatments.

PROMISING RESULTS

Non-invasive brain stimulation is an emerging technology with therapeutic promise. However, issues regarding the optimal

stimulus parameters, patient/treatment matching and definitive questions regarding efficacy are yet to be resolved. This information is necessary to support effective translation of non-invasive brain stimulation into the clinic in future.



Dr Patricia Neumann, FACP

The Specialist Women's, Men's and Pelvic Health Physiotherapist (as awarded by the Australian College of Physiotherapists in 2010) and UniSA adjunct senior lecturer talks about male chronic pelvic pain syndrome

CASE STUDY

We were invited by the conference organisers to present a workshop on the multidisciplinary management of male chronic pelvic pain syndrome (CPPS) as it was perceived as an area where there was a lot of unmet need, both from a patient and health practitioner education perspective. Our multidisciplinary pelvic pain team in Adelaide, working in the private sector, has developed considerable expertise in managing these men, and three of our team presented at the workshop: Dr Meredith Craigie, a pain medicine physician; Dr Tonia Mezzini, a sexual health physician; and myself.

This topical session was an interactive, case-based presentation, exploring how to apply a biopsychosocial approach to the assessment and management of a man with a four-year history of debilitating pelvic pain.

7.6 per cent of Australian men have reported symptoms consistent with CPPS (ie, pain in the area of the pelvis that has persisted for longer than six months) (Ferris et al 2009). For a diagnosis of CPPS, possible serious pathology has been investigated and excluded. These men present with multiple painful areas in the pelvis, such as the perineum, penis, bladder, prostate, gut and rectum. Typically, they will be unable to sit for long periods of time and can have agonising pain with defaecation, erections, ejaculation or bladder filling. Not surprisingly, these men are often desperate and have high levels of distress and suffering.

WELL-ROUNDED APPROACH

CPPS in men is often under-diagnosed and poorly managed by the medical profession. Men are often diagnosed with chronic prostatitis, but antibiotics fail to resolve their pain and they receive no further diagnosis or management. They can be told that there is

nothing wrong or that it is in their heads, which only serves to increase anxiety and distress.

International guidelines suggest 90 per cent of men diagnosed with chronic prostatitis do not have a bacterial infection but are suffering with CPPS (Shoskes 2009). Using the Urologic, Psychological, Organ Centric (prostate), Infection, Neurogenic Systemic and Tenderness (UPOINT) phenotyping approach to diagnosis and management, 83 per cent of these men respond to appropriate management (Shoskes & Nickel 2013), which is a great outcome for any chronic pain condition.

'Tenderness' is for pelvic floor muscle tenderness and hypertonicity, which are present in more than two-thirds of these men, but is not recognised by medical investigations. The skills of a trained pelvic health physiotherapist, with a good understanding of the pelvis, the pelvic floor muscles and management of chronic pain, are important on the team to identify and manage internal pelvic pain generators.

TEAMWORK APPROACH

The doctors on the team highlighted their limited role in ensuring there were no biological causes of the pain and optimising, ideally, non-opioid medication to enable the man to engage in the program of 'active self-management', which was largely physiotherapy and psychology-based. Their goal was to reduce or stop medication over time and to have strategies in place to assist with management of flares.

The physiotherapy assessment and management involved understanding the man in his environment and considering not only the biomedical contributors, such as his pelvic muscles, bladder or bowels, but also the man's beliefs, expectations, anxieties and the stresses in his personal world.

We emphasised the importance of the whole health team, and the patient, understanding the neuroscience of chronic pain to provide the man with a cogent explanation of this pain, which served to reduce his anxiety about the cause. The principles of reducing the sensitivity and tension in pelvic floor muscles were presented, and ways for the clinician to adopt this in clinical practice.

The successful outcome for this patient illustrated the benefits of a multidisciplinary approach, with all the team members singing from the same biopsychosocial song sheet.



International Association for the Study of Pain

IASP

Working together for pain relief

ICD-11 Field Testing Effort Needs Your Help

We need your help! Field-tested data is an important component of a new chronic pain classification that the [IASP ICD-11 Task Force](#) will submit to the World Health Organization. By participating in the field testing during July-August 2017, you can help ensure that the task force's classification proposal is included in ICD-11, which will contribute to the improvement of the diagnosis and treatment of chronic pain.

The field testing will occur in two parts—an [introductory training course](#) and knowledge test, followed by a study on the WHO ICD-FiT platform.

We appreciate your support of this effort. [Please let us know](#) if you have any questions about the process.



ACI NSW Agency
for Clinical
Innovation

Pain in the Older Person

The NSW Agency for Clinical Innovation is currently prioritising pain in the older person as an area of interest.

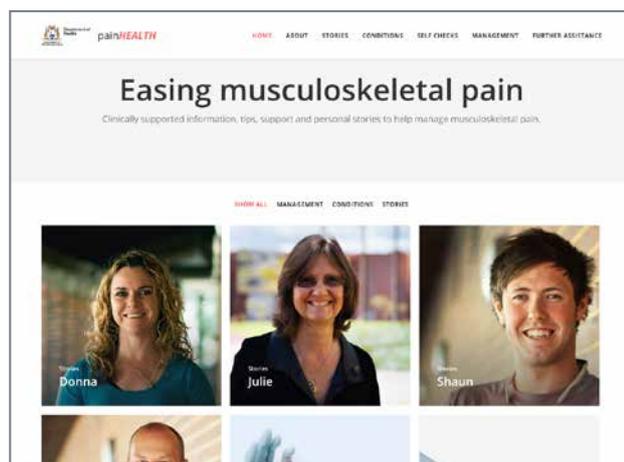
There has been much work done in this area and we are aiming to avoid duplication, support and align work with existing resources.

A key focus for the work will be the development of tools and resources to support the management of older people with chronic pain in the hospital environment, Residential Aged Care facilities and the community.

A series of focus groups will be undertaken in NSW to identify gaps and areas of need for community, hospital and residential care workers.

If you have developed resources, or are interested in this work, please contact Jenni Johnson, Network manager NSW ACI on 02 9464 4636 or jenni.johnson@health.nsw.gov.au

INTERACTIVE WEBSITE HELPING TO EASE THE PAIN



Consumer support for WA's innovative painHEALTH website is showing no signs of slowing down, with the site recently recording its eighth millionth hit.

Launched in 2013 as Australia's first website dedicated to musculoskeletal pain, the painHEALTH website has recorded more than 8.1 million hits – around 620,000 visitors, from more than 150 countries, have accessed the site, that is around 410 visitors each day.

WA Chief Medical Officer Professor Gary Geelhoed said much of the website's success was due to its consumer-friendly focus, which had been taken even further through recent upgrades.

"The painHEALTH website now includes an

improved interface for use on smart devices, and a function which allows content relevant to the user to be 'pulled forward' as they interact with the system," he said.

"We have also added new personal stories narrated by patients themselves, as well as a self-check quiz for all musculoskeletal pain – which consumers can print off and take to their health professional."

"These new items complement existing information, which has been prepared by leading clinicians and researchers from around Australia."

The painHEALTH website offers practical, evidence-based 'whole person' pain management strategies for people with conditions such as osteoarthritis, lower back and neck pain and rheumatoid arthritis.

painHEALTH is a collaborative project between the WA health system, Curtin University, the University of Western Australia and Fremantle Hospital.

Visit the painHEALTH website <https://painhealth.csse.uwa.edu.au> for more information.

painaustralia™
working to prevent and manage pain

SURVEY

Painaustralia will shortly be commencing strategic planning to guide the future priorities and activities of the organisation. As part of this process, we are very keen to hear from our members and key supporters. We want to know your views on the organisation and its future.

Painaustralia's new CEO, Carol Bennett, will be interviewing a selective sample of members, organisations with an interest in Painaustralia's work, and board members in the next few weeks.

A brief online survey has also been developed to ensure all members and interested groups can have their views heard.

As an important member of Painaustralia, we are asking members of the Australian Pain Society to take a few moments to fill in the online survey and give us your thoughts on how we can best strengthen Painaustralia for the future.

You can access the survey [here](#).

Your responses will be important to contributing to Painaustralia's forward planning process.

Please respond by no later than 7 August 2017.

<http://www.painaustralia.org.au>



MACQUARIE
University



BACK PAIN SURVEY

Have you **seen a health professional about back pain** in the last 12 months? If so, researchers at Macquarie University would like to hear from you.

Please **help us improve health care** for back pain and [click here](#) to complete a **short 5 to 10 minute survey**.

MQ HREC Approval number: 5201700578

Nomination for Australian Pain Society Distinguished Member Award – 2018

The Board of Directors is seeking nominations from all APS members for candidates to be considered for the Distinguished Member Award/s to be presented at the APS 38th and NZPS Conjoint Annual Scientific Meeting to be held in Sydney from 8-11 April 2018.

Eligibility criteria:

Candidates must be Australian Pain Society member/s who have:

- Made major contribution towards the Society, and
- Significantly contributed to the science of pain management, and/or
- Played a significant clinical, educational or research role in the field of Pain Management in Australia

Nomination Guidelines:

- A 'Nomination for Distinguished Member Award' form must be completed (refer following page)
- As a guide, it is desirable that nominees have held continuous APS membership for over 10 years
- Nominations must include an 800-900 word biography of the nominee. The Board will not consider incomplete nomination forms.
- Unsuccessful nominations are not automatically put forward in subsequent years.
- The nominator must be prepared to present a brief summary of the Distinguished Member biography in the ASM program, or arrange a suitable alternate for the presentation segment.

Submission:

- All nominations to be submitted to the [APS Secretariat](#) by 31 October 2017.

Notification:

- The APS Board will notify successful nominees by 31 December 2017.
- Distinguished Member recipients are actively encouraged to attend the Annual Scientific Meeting in order to receive their award in person from the APS President.

A listing of past recipients of the [Distinguished Member Award](#), including their biographies, can be found on the APS website.



BETTER PAIN MANAGEMENT

Pain education for professionals

In May of this year, the Faculty of Pain Medicine launched their “Better Pain Management” modules. These are 12 internet-based learning modules covering a broad range of topics in Pain Management. The modules cover broad areas such as a whole person approach to understanding and assessing pain and the impact of psychological factors on pain, and there are also modules on specific topic areas, such as opioid management, low back pain, neuropathic pain and paediatric pain.

The modules are highly interactive, and require you to answer questions (written and multiple choice) during your learning. This certainly enhances the learning experience. Each module takes 30-60 minutes to complete, which is just the right amount of time to learn new information from the topic area, without being overwhelmed.

The modules are ideal for any profession working in the pain management field. Whilst some modules will be more relevant for certain professions than others, every module has something to offer in terms of increasing the knowledge base in pain management.

The APS has negotiated a special deal with the Faculty for a discount when purchasing individual modules. However, the cheapest rate is to pay for and complete all modules. The total cost of around \$300 for all 12 modules is extremely good, considering the amount of work that has gone into generating the material.

There is a link through the Members’ section of the APS website for the discount, or go directly to <https://www.betterpainmanagement.com> for the courses.

SUBMISSIONS TO THE NEWSLETTER

We welcome submissions, whether brief or extended, about matters of interest to our readers - for example, reports of educational activities or articles about basic science or clinical research. Please allow time for modifications to be made to optimise a submission’s suitability for publication. As we release monthly in advance, submissions received by the 15th of each month will be reviewed for publication in the newsletter of the following month.

Stephanie Davies, Editor

FPM Better Pain Management modules

Special 20% discount for APS members

The Better Pain Management program comprises of 12 online education modules, each designed to be completed in one hour, which can be purchased individually, or as a course. The program, developed by the Faculty of Pain Medicine has been designed for specialist and general medical practitioners, medical students, nurses and allied health practitioners engaged in the care of patients with persistent pain.

Each interactive learning module is designed to provide additional insights into pain management and approaches. The modules have been developed with clearly defined learning objectives and have used illustrations and animations to make them engaging. They are case study based, interactive, and include questionnaires to ensure effective comprehension and completion of each unit, including case-based scenarios as well as video case presentations. Each module is designed as a one hour activity that can be completed at a participant's own pace and all participants receive a Certificate of Completion at the end of training.

APS members can purchase modules in the program at 20% off the list price using the exclusive links in the Member's section.

APS members now have real flexibility to purchase individual modules or put together a self-directed learning program consisting of a group of modules that specifically meets their needs. Designed by world leaders in pain medicine, this program is designed to help APS members who care for patients with persistent pain, engage in ongoing, continuous professional learning.

To access the 20% discount for single modules or to put together your own self-directed learning program, please [login to the Members Area](#) of the APS website.

The FPM has also discounted various courses (packages of modules). If you choose to buy a course of modules, please go directly to the [Better Pain Management](#) website.

BETTER PAIN MANAGEMENT

Pain education for professionals

Available now
www.betterpainmanagement.com.au





**FOR ALL HEALTH PROFESSIONALS WHO ENGAGE WITH PEOPLE EXPERIENCING PAIN
OUR SEVENTH INTER-PROFESSIONAL WORKSHOP
“MAKING SENSE OF PAIN” IS NOW OPEN FOR REGISTRATION**

For Details and on-line Registration: <https://www.arthritiswa.org.au/events/details/id/247/>

Date: Thursday 21st - Friday 22nd SEPTEMBER 2017
Venue: Wyllie Arthritis Centre, 17 Lemnos St, SHENTON PARK WA 6008
Contacts: Melanie Galbraith, melanie.galbraith@biosymm.com
or John Quintner, jqu33431@bigpond.net.au



Transcending pain: Ride the next wave

September 22-24, 2017

The Faculty of Pain Medicine is pleased to invite you to the 2017 Spring Meeting in Torquay, the surfing capital of Australia.

Our 2017 meeting “Transcending pain: Ride the next wave” will offer plenary sessions on consciousness and pain, the prediction and detection of neuropathic pain, cortical integration of pain perception and surgery as placebo. This dynamic three-day event will also include key sessions on acute pain, cancer pain and euthanasia. It will be structured to facilitate enhanced audience participation and offer workshops for delegates.

For the first time we have a European international invited speaker, Dr Luis Garcia-Larrea. He is currently the Research Director at INSERM (National Agency for Medical Research, France), and Head of the “Central Integration of Pain in Humans” (NeuroPain) Lab at the Centre for Neuroscience of Lyon. His main research interests are the cortical processing of somatic sensations, the diagnosis and prediction of neuropathic pain, and its therapy using cortical neurostimulation.

For further information, please contact the conference organiser Eleni Koronakos on +61 3 9510 6299 or fpm@anzca.edu.au.

I look forward to welcoming you to Torquay.
Dr Jacquelyn Nash, Convenor



Registrations Now Open

Pain Interest Group Nursing Issues

Annual Professional Development Day

2017

Friday 27 October 2017 | Sydney Masonic Centre, Sydney NSW

The theme *Perspectives of 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 please contact DC Conferences Pty Ltd

W: www.dconferences.com.au/pigni2017

E: pigni2017@dconferences.com.au | T: 02 9954 4400



1st Asia Pacific Conference
on Integrated Care
6-8 November 2017 | Brisbane, Australia



Inspiring new ideas
and stronger partnerships for improving population health



ANZSCoS 2017

15-17 November 2017
Brisbane Convention & Exhibition Centre
www.dconferences.com.au/anzscos2017

anzscos
Australian & New Zealand Spinal Cord Society

PLACEBO SYMPOSIUM 2017

A unique, clinically-focused international
symposium featuring experts from Germany,
USA, Portugal, and Australia.

Harnessing
placebo
mechanisms to
improve clinical
outcomes

Manly Beach | Sydney, Australia
17-18 November 2017

**SAVE
THE DATE**



nsanz

Neuromodulation Society
of Australia and
New Zealand

A chapter of the International Neuromodulation Society **ins**

**13th Annual
Scientific Meeting
7 – 8 April 2018**

International Convention
Centre, Sydney

Expressions of interest online at www.dconferences.com.au/nsanz2018

For sponsorship, exhibition or more information contact the NSANZ Conference Secretariat

DC Conferences Pty Ltd | P 61 2 9954 4400 | E nsanz2018@dconferences.com.au

NSANZ is pleased to announce its 2018 keynote speakers –
Professor Julie Pilitsis, neurosurgeon from the University of
Massachusetts, USA and **Professor Frank Huygen**, anaesthesiologist
from the University Hospital Rotterdam, the Netherlands.

www.dconferences.com.au/nsanz2018

**KEY
DATES**

Poster submission opens **1 September 2017**

Poster submission deadline **27 October 2017**

Registration opens **1 November 2017**

Early Bird deadline **23 February 2018**

**SYDNEY
2018**

**APS
NZPS**

Collaborate. Educate. Disseminate.



2018 Australian Pain Society 38th and
New Zealand Pain Society Conjoint Annual Scientific Meeting

International Convention Centre Sydney | 8–11 April 2018

Join us online – #anzpain18

Expressions of interest online at www.dconferences.com.au/apsnzps2018

For sponsorship and exhibition opportunities or more information please

contact the APS NZPS Conference Secretariat | DC Conferences Pty Ltd

P 61 2 9954 4400 | E apsnzps2018@dconferences.com.au

SUBMISSION DEADLINES

Broadfoot Trust Prize **1 June 2017**

Topical Sessions **30 August 2017**

Free Papers & Posters **13 October 2017**

Rising Star Award **13 October 2017**

Early Bird Registration **23 February 2018**

Save the Date



ITEMS OF INTEREST FOR OUR MEMBERS

- **Painaustralia eNewsletter latest issue**, available online at: <http://www.painaustralia.org.au/media/enews>
- **ePPOC: electronic Persistent Pain Outcomes Collaboration**
For more information about ePPOC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- **Indigenous health education and guides** <http://www.humanservices.gov.au/health-professionals/subjects/indigenous-health-education>
- **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=PLGsL0Kp0YWFwUly-Ki1oCG7NwFucLFyVlJ>
- **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 After Surgery**
See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
- **Opioid Podcasts for GPs**
20 week series from the Hunter Postgraduate Medical Institute: <http://www.gptraining.com.au/recent-podcasts>
- **Airing Pain**
Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <https://audioboom.com/channel/airingpain/episodes>
- **National Strategic Framework for Chronic Conditions**
Final report released 22MAY17: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc>
- **Podcast: Pain Science and Sensibility Episode 24: Trigger Points, the “Third Space”, and the Merit of Pain Theories with Dr Milton Cohen**
Recorded on 01JUN17: <http://ptpodcast.com/pain-science-and-sensibility-episode-24-trigger-points-the-third-space-and-the-merit-of-pain-theories-with-dr-milton-cohen/>
- **ABC TV “Ask the Doctor”, Series 1, episode 5: Pain**
Broadcast 13JUN17, available until 02SEP20: <http://iview.abc.net.au/programs/ask-the-doctor/DO1625V005S00>
- **ABC Lateline: Australians’ addiction to prescription opioids soaring**
Broadcast 23JUN17: <http://www.abc.net.au/lateline/content/2016/s4690991.htm>

HEALTH CARE HOMES

- **Health Care Home resources:** <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes#one>
- **Update 10MAY17:** <http://healthcarehomes.cmail19.com/t/ViewEmail/r/7237191369B-01B262540EF23F30FEDED/1FA9272E4DDC-2B64A29558A201773426>

CHRONIC PAIN ARTICLES FEATURED IN AUG16 INPSYCH (VOL 38, ISSUE 4)

- **'The psychology of chronic pain' by A/Prof Kathryn Nicholson Perry:** <http://www.psychology.org.au/in-psych/2016/august/nicholsonperry/>

- 'Preventing disabling chronic pain by engaging psychologists in the acute phase' by Prof Michael Nicholas: <http://www.psychology.org.au/inpsych/2016/august/nicholas/>
- 'Intensive pain programs: A reflection on what makes them work and for whom?' by Dr Michael Shelley: <http://www.psychology.org.au/inpsych/2016/august/shelley/>
- **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>

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

- **The Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <https://www.safetyandquality.gov.au/atlas/atlas-2017/>
- **Online interactive Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <http://acsqhc.maps.arcgis.com/apps/MapAn-dAppGallery/index.html?appid=fd3b04ebe-3934733b7ecb8514166c08f>
- **Australian Atlas of Healthcare Variation released 26NOV15:** <http://www.safetyand-quality.gov.au/atlas/>
- **Chapter 5: Opioid medicines:** <http://acsqhc.maps.arcgis.com/apps/MapJournal/index.html?appid=4d683b6e1df04a658cfd3a3fb-9c46f24>
- **Online interactive Australian Atlas of Healthcare Variation released NOV16:** <http://acsqhc.maps.arcgis.com/home/index.html>

NPS MEDICINEWISE RESOURCES

- **Chronic Pain edition issued 01JUN15:** <http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain> and https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm_medium=twitter&utm_source=17-07-24&utm_campaign=pain&utm_content=pain-week-MN#key-points

- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **A Framework for working effectively with Aboriginal people, NOV13:** <http://www.aci.health.nsw.gov.au/about-aci/cultural-respect>
- **Pain Management Network Multicultural report 2015:** https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0006/281067/Pain_Management_Network_Multicultural_report_2015.pdf
- **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- **Pain Management Resources:** <http://www.aci.health.nsw.gov.au/resources/pain-management>
- **Quick Steps to Manage Chronic Pain in Primary Care:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>
 - **Built into Quicksteps: "How to de-prescribe and wean opioids in general practice":** http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care/how_to_de-prescribe_and_wean_opioids_in_general_practice

- **A list of helpful apps for consumers and clinicians now available at:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain>

MEMBERS ONLY AREA OF APS WEBSITE:

- **APS 2016 Plenary Recordings:** As an exclusive benefit to APS members, the following Plenary videos are now available for free access:
 - 2017 conference in Adelaide
 - 2016 conference in Perth.
- **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:** #auspain2018

2017 ANNUAL SCIENTIFIC MEETING, ADELAIDE - MEDIA COVERAGE:

- **Refer to Twitter hashtag:** #auspain2017

1. Pain Revolution 2017 videos:

- a. **09APR17 – Prof Lorimer Moseley and fellow cyclists’ arrival at Adelaide Convention Centre:** https://www.youtube.com/watch?v=dS7-DBTvX5I&list=PLGsL0Kp0YWFx0i9LkgSYCYdz9_wpG_-Zq

2. Chronic Pain:

- a. **30MAR17 – Dr Ivan Lin (UWA), ABC mid west WA:** <https://soundcloud.com/user-857774869/dr-ivan-lin-31st-march-air>
- b. **31MAR17 - Anne Burke et al, online article SBS News:** <http://www.sbs.com.au/news/article/2017/03/25/pain-clinics-helping-turn-around-prescription-drug-boom>
- c. **05APR17 – Anne Burke et al, The Citizen feature length online article of SBS News:** <http://www.thecitizen.org.au/features/chronic-pain-chronic-problem-needs-holistic-solution-say-experts>

- d. **11APR17 - Dr Judith Turner (Uni Washington, IASP President), Adelaide 5AA radio:** <https://soundcloud.com/user-857774869/dr-judith-turner-adelaide-radio-5aa>

- e. **12APR17 - Dr Sean Mackey (Stanford US), ABC Adelaide:** <https://soundcloud.com/user-857774869/pain-dr-sean-mackey>

3. Codeine rescheduling:

- a. **05APR17 – Dr Simon Holliday, Sydney Morning Herald, The Age, Brisbane Times and other Fairfax publications:** <http://www.smh.com.au/national/health/gps-not-prepared-for-switch-to-prescription-only-codeine-expert-warns-20170403-gvczj.html>

- b. **10APR17 - Dr Chris Hayes, ABC Newcastle NSW (audio link unavailable)**

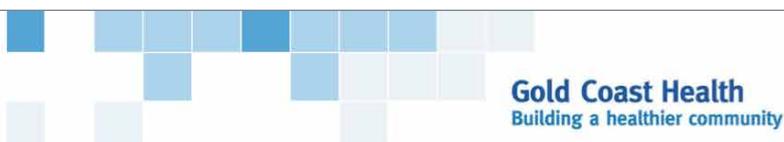
4. Ultra runners feel less pain:

- a. **06APR17 – Dr Bernadette Fitzgibbon (Monash Uni), ABC Melbourne:** <https://soundcloud.com/abc-melbourne/yes-ultra-runners-do-endure-pain-better-than-wimps>
- b. **07APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Sydney Morning Herald, The Age, Brisbane Times and other Fairfax publications:** <http://www.smh.com.au/lifestyle/health-and-wellbeing/fitness/why-ultramarathoners-dont-feel-pain--and-what-they-can-teach-the-rest-of-us-20170407-gvfr3f.html>
- c. **10APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Monash Uni News:** <https://www.monash.edu/news/articles/ultra-runners-not-your-average-human-being>
- d. **11APR17 - Dr Bernadette Fitzgibbon (Monash Uni), MSN Health:** <http://www.msn.com/en-ph/health/wellness/what-makes-ultra-runners-unique/ar-BBzJxpW?li=AA4WWj>
- e. **11APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Medical Express:** <https://medicalxpress.com/news/2017-04-ultra-runners-average-human.html>

- f. **11APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Medical Daily:** <http://www.medicaldaily.com/ultra-runners-may-feel-less-pain-general-population-according-research-415383>
5. **Compensation for people injured in a car accident – is the system delaying recovery?**
- a. **07APR17 – Dr Melita Giummarra (Monash Uni), ABC Adelaide:** https://soundcloud.com/user-857774869/abc-adelaide-mornings-pain?utm_source=soundcloud&utm_campaign=share&utm_medium=email
- b. **07APR17 – Dr Melita Giummarra (Monash Uni), Herald Sun Melbourne:** <http://www.heraldsun.com.au/news/victoria/monash-university-research-finds-road-accident-victims-suffer-more-harm-when-seeking-compensation/news-story/3b6b47ffa576180e566a25daa8046e24>
- c. **18APR17 - Dr Melita Giummarra (Monash Uni), ABC Melbourne:** <https://soundcloud.com/user-857774869/melita-giummarra-abc-mel-18417>
- d. **19APR17 - Dr Melita Giummarra (Monash Uni), ABC Perth:** <https://soundcloud.com/user-857774869/dr-melita-giummarra-on-abc-perth-19417>
6. **How illusions and body perceptions influence our experience of pain:**
- a. **07APR17 – Dr Tasha Stanton (Uni SA) with Dr Dr Melita Giummarra (Monash Uni), ABC Adelaide:** https://soundcloud.com/user-857774869/abc-adelaide-mornings-pain?utm_source=soundcloud&utm_campaign=share&utm_medium=email
- b. **07APR17 - Dr Tasha Stanton (Uni SA), ABC Radio South East SA:** <https://soundcloud.com/user-857774869/dr-tasha-stanton-abc-south-eat-sa-2>
7. **How parents' distress during paediatric burns procedures can lead to increased child distress, anxiety and pain:**
- a. **08APR17 - Erin Brown (UQ), Brisbane Times and Sydney Morning Herald:** <http://www.brisbanetimes.com.au/queensland/distraction-the-key-to-calming-children-during-procedures-study-20170407-gvgey0.html>
- b. **11APR17 - Erin Brown (UQ) with Prof Justin Kennardy (UQ), The Conversation:** <https://theconversation.com/parents-reactions-can-lessen-or-worsen-pain-for-injured-kids-75397>
- c. **11APR17 - Erin Brown (UQ) with Prof Justin Kennardy (UQ), ABC online:** <http://www.abc.net.au/news/2017-04-11/parents-reactions-can-lessen-or-worsen-pain-for-injured-kids/8433940>
- d. **13APR17 - Erin Brown (UQ), ABC Riverland SA (audio link unavailable)**
- e. **18APR17 - Erin Brown (UQ), ABC Sydney NSW (audio link unavailable)**
- f. **19APR17 - Erin Brown (UQ), ABC Adelaide SA:** <https://soundcloud.com/user-857774869/erin-brown-on-abc-adelaide-19417-1>
8. **Trauma among military personnel, linking chronic pain and discomfort to PTSD:**
- a. **08APR17 – Kristin Graham (Uni SA), The Australian:** <http://www.theaustralian.com.au/national-affairs/defence/study-of-veterans-shows-ptsd-affects-both-body-and-mind/news-story/892a9e1cf9ad23e0fb4373ea8364e8d8>
9. **Pain catastrophizing:**
- a. **10APR17 – Prof Michael Sullivan (UQ, McGill Canada), ABC RN Life Matters:** <http://www.abc.net.au/radionalational/programs/lifematters/catastrophising-pain/8421152>
10. **Chronic pain among indigenous Australians:**
- a. **21APR17: Dr Juli Coffin (Notre Dame WA) and Dr Ivan Lin (UWA), The Conversation:** <https://theconversation.com/myths-about-musculoskeletal-pain-and-aboriginal-australians-prevent-high-quality-care-76390>

NEW MEMBERS & POSITIONS VACANT

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Mr	Kerry	Bartley	Nursing
Ms	Stella	Bowring	Psychology
Dr	Leigh	Dotchin	Pain Medicine Physician
Dr	Kreshnik	Hoti	Pharmacy
Mr	Tyne	Timmers	Physiotherapy



Looking for a sea change?

Staff Specialist (Pain Medicine) and Clinical Nurse Consultant (Persistent Pain) positions are available now at the Interdisciplinary Persistent Pain Centre, Gold Coast Health.

More information:

Staff Specialist positions - Dr Kevin McNamara
(07) 5687 9119 Kevin.McNamara@health.qld.gov.au

Clinical Nurse Consultant position - Karl Bagraith
(07) 5668 6825 Karl.Bagraith@health.qld.gov.au

For details of vacancies and to apply, keep an eye on: www.health.qld.gov.au/employment/job-search



CALENDAR OF EVENTS

21-23 Aug 2017

Australian College of Nursing

The National Nursing Forum 2017 - Make Change Happen

The Star, Sydney, NSW

<https://www.acn.edu.au/nnf2017>

6-8 Sep 2017

Palliative Care Australia

Connection with Community

Adelaide Convention Centre, Adelaide, SA

<http://pca2017.org.au>

6-9 Sep 2017

European Pain Federation EFIC 10th Congress

Bringing Pain Relief to All Patients

Bella Center Copenhagen, Copenhagen, Denmark

<http://www.efic2017.kenes.com>

11-12 Sep 2017

Australian Disease Management Association (ADMA) 13th Annual National Conference

Integrated Care - Healthy Child to Healthy Ageing

Darwin Convention Centre, Darwin, NT

http://www.adma.org.au/images/Conference_Program_2017.pdf

21-22 Sep 2017

Arthritis & Osteoporosis WA

Making Sense of Pain - a workshop for Health Professionals

Wylie Arthritis Centre, Perth, WA

<https://www.arthritiswa.org.au/events/details/id/247/>

22-24 Sep 2017

Faculty of Pain Medicine Spring Meeting

Transcending pain: Ride the next wave

RACV Torquay Resort, Torquay, VIC

<http://fpm.anzca.edu.au/events/2016-spring-meeting>

11-15 Oct 2017

International Pelvic Pain Society

3rd World Congress on Abdominal & Pelvic Pain

Renaissance Washington DC Downtown, Washington DC, USA

<http://pelvicpain.org/meetings/annual-meeting/conference-pricing.aspx>

CALENDAR OF EVENTS

19-21 Oct 2017

Australian Physiotherapy Association

Momentum 2017 Physiotherapy Conference

ICC Sydney, Sydney, NSW

<http://www.apamomentum2017.asn.au>

26-28 Oct 2017

RACGP - GP17

The Foundation of Patient-Centred Care

International Convention Centre, Sydney, NSW

<http://gp17.com.au>

27-Oct 17

Pain Interest Group Nursing Issues (PIGNI)

Annual Professional Development Day

Sydney Masonic Centre, Sydney, NSW

<https://dcconferences.eventsair.com/pigni-2017/eoi/Site/Register>

6-8 Nov 2017

International Foundation for Integrated Care - IFIC

APIC1 - 1st Asia Pacific Conference on Integrated Care

Brisbane Convention and Exhibition Centre, Brisbane, QLD

<https://integratedcarefoundation.org/events/apic1-1st-asia-pacific-conference-on-integrated-care>

12-15 Nov 2017

Australasian Professional Society on Alcohol and other Drugs

APSAD Scientific Alcohol and Drug Conference

Pullman Melbourne Albert Park, Melbourne, VIC

<https://ashm.eventsair.com/QuickEventWebsitePortal/apsad2017/home>

15-17 Nov 2017

2017 Australian & New Zealand Spinal Cord Society Annual Scientific Meeting

2017 Australian & New Zealand Spinal Cord Society Annual Scientific Meeting

Brisbane Convention and Exhibition Centre, Brisbane, QLD

<http://www.dconferences.com.au/anzscos2017/home>

17-18 Nov 2017

University of Sydney, Pain Management Research Institute

Placebo Symposium 2017: Harnessing placebo mechanisms to improve clinical outcomes

Novotel Manly, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/symposia.php>

CALENDAR OF EVENTS

3-6 Dec 2017

Australasian Neuroscience Society 37th Annual Scientific Meeting

Building Bridges

International Convention Centre, Sydney, NSW

<http://ans2017.aomevents.com.au>

5-15 Feb 2018

Pain Management Research Institute, The University of Sydney

Pain Management Multidisciplinary Workshop

Royal North Shore Hospital, St Leonards, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/workshop.php>

2-3 Mar 2018

Centre for Pain Medicine 6th Intl Symposium Invasive Procedures in Motion 2018 & 20th Anniversary Centre for Pain Medicine

Lessons from the Past, Criticism of the Present and Vision for the Future

Swiss Paraplegic Centre, Lucerne, Switzerland

http://www.schmerz-nottwil.ch/de/pub/zsm/fortbildungkongresse/invasives_procedures_motion_18.htm

7-8 Apr 2018

Neuromodulation Society of Australia and New Zealand 13th Annual Scientific Meeting

Neuromodulation - Delivering on Patient Outcomes

International Convention Centre, Sydney, NSW

<http://www.dconferences.com.au/nsanz2018/>

8-11 Apr 2018

Australian Pain Society 38th and New Zealand Pain Society Conjoint Annual Scientific Meeting

Collaborate. Educate. Disseminate.

International Convention Centre, Sydney, NSW

<http://www.dconferences.com.au/apsnzps2018/>



THE
AUSTRALIAN
PAIN SOCIETY

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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