

Volume 43, Issue 1, February 2023

# Australian Pain Society Newsletter



BLOG

WEB



THE  
AUSTRALIAN  
PAIN SOCIETY

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# Editor's Note

Joanne Harmon



Welcome to 2023, the IASP Global Year of Integrative Pain Care. This year is a focus on the special aspects of pain and to increase awareness within the pain community and beyond. The aim of this year's campaign is to increase the awareness of clinicians, scientists, and the public about the use of an integrative pain care approach, which emphasises non-drug, self-management care.

For those who were able to take a break, I hope you had a safe and enjoyable holiday period with your family and loved ones. Like many of us, I am keen to see the back of 2022 and it is hard to believe it's February already.

With the new year please ensure you check out all the upcoming events we have listed in this edition. Early Bird registration for the 2023 Australian Pain Society 43rd Annual Scientific Meeting (02-05 April 2023) is still available. Get your late breaking abstracts in! So go on, submit your work, and take up the opportunities for connecting with renowned experts and enjoy 18 clinical and research topical sessions. There is a great line up of international and national speakers, and there are plenty of topical sessions. The conference program has been released. Even better is the session on picking the brains of a pain researcher, this is a golden opportunity to network with some of the top researchers in pain and increase your confidence in undertaking research by asking tricky questions.

Collaboration within the pain community is the theme of this newsletter. Starting with the APS social networking event in Victoria at the Abory Afloat on Thursday 16 February 2023. Nothing like hanging out on the mighty Yarra river and catching up on what is happening in your state. If you are thinking about what happens when people collaborate, then check

out the painSTAR delegate reports on how after attending they are thinking in more strategic ways, developing new projects and gaining mentorship. Just like the one piece of advice from our 'Meet a Member' Spotlight on Dr Cindy Wall, who challenges us to explore and collaborate in different areas that are less familiar for us, as typically, these opportunities are incredibly rewarding.

We have a lot of juicy research articles to share with you all this edition. In fact, we have your 'I must read more research articles' new year's resolution sorted. It is great to see the range of research design and methods being used by our members in exploration of pain. The two systemic reviews are fantastic examples of the importance of undertaking a research synthesis. Furthermore, the diversity of work we are showcasing in this edition is impressive. We have abstracts and links to studies ranging from a qualitative ethnographic study, a cross sectional survey study, prospective 2 group parallel 1:1 randomised feasibility trial and a mixed methods study. The diversity of how, as pain researchers, we continue to unpack and explore our evidence base is truly remarkable. So, sit back, relax and download a research paper, they are all really engrossing reading.

Make it your own year of integrative pain care by keeping on sharing with us your latest publications and reviews. Looking forward to seeing this year unfold and sharing with you all new developments and research about pain.

Have a safe and enjoyable holiday period – I look forward to seeing all of you in 2023.

Kind regards

**Dr Joanne Harmon**

## Convenor's Message



**Have you registered for the 2023 Annual Scientific Meeting in Canberra? With record numbers already registered, don't miss out on your opportunity to be involved in Australia's only conference offering multidisciplinary insights into the complex nature of pain management from a variety of medical, nursing, research and allied health perspectives.**

The Australian Pain Society's Scientific Program Committee has put together a fabulous programme for the Annual Scientific Meeting and what better venue than the national meeting place, Canberra, home to the Ngunnawal and Ngambri nations, and host to a range of national galleries and attractions, scenic bush and wildlife and packed with great restaurants and cafes.

Our overseas invited speakers, Professor Theodore (Ted) Price from University of Texas and Dr Melanie Noel, University of Calgary, are truly sensational - experts in their fields and great communicators. Both hold a variety of key positions, have won many prestigious awards and have impressive publication records. Professor Price will explore cutting-edge research into nociceptors and the dorsal horn and the potential therapeutic targets resulting from this, while Dr Noel will share her passion, research and expertise in childhood pain.

They are supported by a dazzling array of local speakers to deliver a challenging and engaging series of plenary lectures. These will be a real highlight for me: deepening my knowledge of pain by listening to our local stars whose work and insights I have appreciated previously and the opportunity to explore the work of others I am not yet familiar with, selected for excellence by a knowledgeable scientific committee.

Personally, I am really looking forward to hearing from Dr Michelle Harris, who is presenting this year's IASP Global Year Named Lecture on *The Person not the Pain: Integrative Pain Care in the Acute Setting*, this should be an excellent reminder around the importance of integration and a holistic approach in pain management.

I'm also excited for the Panel on Monday afternoon on pain in the media. Titled *Navigating 'pain in the media' from the perspectives of a journo, a researcher, and a social media guru*, we are lucky to be joined by Professor Giandomenico Iannetti (University College London) who will be sharing his experiences of pain media challenges, discussing a recent situation where his research was misrepresented and used as evidence to support revocation of Roe vs Wade in the USA. With plenty of time for questions, this should be a really interactive and compelling hour.

I could go on, but I'm afraid I'll take up the entire newsletter! Please visit the conference website for a full program.

Don't miss out on the 18 topical sessions on offer, enabling a diverse range of topics to be explored in depth. The biggest dilemma will be choosing which ones to attend, the topics and speakers are all really impressive. Will I deepen my knowledge in my domain of expertise or

take the opportunity to delve into a lateral field? Do I discover cutting edge research with optogenetics and light therapy, how ketamine is being used in returned soldiers, an update on best-practice for opioids? The sessions on exercise and movement, long covid and epidemiological considerations, social interventions ... the list goes on.

Also included in the program, the Trainee Session – ask expert pain researchers questions you've always wanted to know the answers too in this casual and practical hour on Monday afternoon, the return of the popular Rapid Communication Session, six Free Paper Sessions and six Pre-Conference Workshops.

As a true multidisciplinary meeting, there are great opportunities to engage with experts in a diverse range of fields: the fundamental sciences, interventional pain management, psychology, nursing, physiotherapy, pharmacy, occupational therapy and sleep, mentoring communication, insights for digital and online management, and some great paediatric focus sessions.

The social programme presents great opportunities to reconnect with old friends and make new ones. The Welcome Reception on the Sunday evening is always a fantastic opportunity to kick start your conference experience. We expect a full dance floor at the Gala Dinner on Tuesday night so make sure you pack your dancing shoes! Lastly, I will be hosting a 40 minute run on Monday and Tuesday morning around Lake Burley Griffith – it will be a beautiful way to start the day and I do hope you join me.

Conveniently, APS 2023 runs right into the Easter Weekend so for those not rushing off, why not join some new friends for a wine tasting at Mount Majura Vineyard on the Wednesday afternoon.

Canberra is called the bush capital for a reason and is surrounded by readily accessible trails for walking, cycling and mountain biking for those wanting to get outdoors.

So come join us, be challenged, be stimulated and have a great time in this great place.

**Looking forward to seeing you there.**

**Dr Andrew Watson**  
LOC Convenor & ACT Director





## Register before 21 February 2023 for Early Bird savings

Get in early and secure your place at Australia's only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing, research and allied health perspectives.

To register please [click here](#)

Considering the benefits of your membership?

**Save on your APS 2023 registration fee!**

	<b>Early Bird</b> 21 February 2023
Non-Member Registration Price VS <b>Becoming an APS Member</b>	\$1,295 OR <b>Being a member saves you up to \$280 after membership fees!</b>
<b>APS Student Member Registration Price</b>	Only \$275 Being a member saves you \$955 after membership fees!

**Tell your colleagues who are interested in becoming members so they can save on their registrations too!**

Become an APS Member [here](#)

Should you have any queries about the conference, please contact the [Conference Secretariat](#).

**We look forward to welcoming you to Canberra, ACT!**



## Late Breaking Abstract Call

Did you miss your chance to submit your abstract for inclusion at APS 2023 in Canberra?

Finalised your research only after the original abstract deadline?

**If yes, don't despair!**

**This late breaking research call is your last opportunity to submit an abstract for the 2023 conference!**

Take up this opportunity and have your work featured as a poster presentation at the only multidisciplinary conference in Australia offering insights into the complex nature of pain management from a variety of medical, nursing, research and allied health perspectives.

Abstracts can be submitted between **Tuesday 31 January – Tuesday 7 February 2023**.

All accepted authors must register for the conference by the early bird deadline of **Tuesday 21 February 2023**.

Connect with [renowned experts](#) and hear them speak about new advances in pain management.

[Enjoy 18 clinical and research topical sessions.](#)

Attend the [Trainee Session](#) to receive practical tips about building your career in pain research.

**Be a part of the future of pain science and management!**

For further information please visit the [conference website](#).

Should you have any queries regarding your submission or the process, please contact the [Conference Secretariat](#).

We look forward to receiving your submissions.





## Conference Program

You'll enjoy an extensive program including pre-conference workshops, international keynote speakers, national speakers and topical sessions.

Join the many other professionals that are involved with pain and pain management and learn with clinicians and researchers across many different aspects of pain management.

Leave the conference enabled to make that difference in your sphere of work.

[Register Now!](#)

**Plan your conference experience today.**

[Program Overview](#)

[Keynote Speakers](#)

[Pre-Conference Workshops](#)

[Discipline Sub-Group Meetings](#)

[Topical Sessions](#)

[Pain in the Media](#)

[Social Program](#)

[Trainee Session](#)

For further information please visit the [conference website](#).

Should you have any queries about the conference, please contact the [Conference Secretariat](#).

**We look forward to welcoming you to Canberra, ACT!**



## Trainee Session

**Pick the Brain of a Pain Researcher!**

Have you ever wanted to ask a well-known researcher –  
“How did you know this was for you?”

“How did you know what opportunities to say yes to and what to say no to?”  
If you have wanted to ask, now is your chance!

This session is for higher degree and early career researchers (HDRs & ECRs) as well as those who are considering research careers in the future and includes networking opportunities with a number of the plenary speakers.

**Professor Ian Harris**, University of NSW, NSW

**Professor Denise Harrison**, University of Melbourne, VIC

**Professor Richelle Myschasiuk**, Monash University, VIC

**Dr Melanie Noel**, University of Calgary, Canada

**Professor Theodore Price**, University of Texas, USA

**Date:** Monday 03 April 2023

**Time:** 5:30pm - 6:30pm

**Cost:** \$10 per person, includes a drink on arrival

**When registering for the conference, don't forget to add in a ticket to the Trainee Session! To register click [here](#).**





**APS2023**  
2023 AUSTRALIAN PAIN SOCIETY  
43RD ANNUAL SCIENTIFIC MEETING  
*In the IASP Global Year for Integrative Pain Care*  
2 - 5 April 2023 • National Convention Centre Canberra, ACT

## PAIN IN CHILDHOOD PRE-CONFERENCE WORKSHOP

8.30am - 12.30pm, Sunday 2 April 2023  
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

### Workshop Overview

This workshop will explore the use of lignocaine infusions in acute and chronic pain conditions, discussion and findings from the recent RAPID study – looking at the effectiveness and adverse effects of medications used in palliative care and pain management.

Finally, enjoy a deep dive into chronic lower limb pain conditions in children and adolescents. Join researchers for an interactive session as they develop guidelines and priorities for this condition.



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## BASIC PAIN RESEARCH PRE-CONFERENCE WORKSHOP

**NEW START TIME**  
11.00am - 5.00pm, Sunday 2 April 2023  
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

This workshop will showcase the latest in Australian basic pain research from early career and senior researchers, and provide a forum to discuss mechanisms of nociception and pain across all levels of investigation: from molecular and cellular analyses, to studies in animals and humans (pre-clinical or clinical).

The workshop is open to all interested in mechanisms of nociception and pain, including basic and clinical researchers, health professionals and students at all levels.



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## PHYSIOTHERAPY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

**STRESSMODEX: CLINICAL APPLICATIONS & TRAINING**  
1.30pm - 5.00pm, Sunday 2 April 2023  
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

### Workshop Overview

StressModex is an integrated psychological and exercise treatment approach targeting stress and pain after injury, and can be applied to all acute and chronic pain conditions.

This highly practical workshop will provide training in the specific skills involved in StressModex.



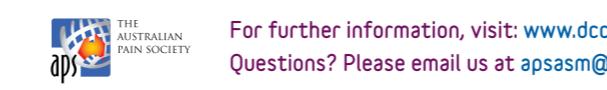
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## PHARMACOLOGY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

1.30pm - 5.00pm, Sunday 2 April 2023  
National Convention Centre Canberra, ACT  
Registration Fees starting from \$160

This interactive workshop embraces the IASP Global Year Campaign for Integrative Pain Care and pharmacology by exploring the role of analgesic adjuvants, including emerging possibilities through the use of unusual suspects such as low dose naltrexone and the NMDA effects of memantine. We will explore the complex interplay of genetic variation in pharmacokinetic and pharmacodynamic pathways affecting opioid efficacy, and discuss the challenges of opioid weaning and appropriate strategies through opioid substitution.

We will also take a fascinating look at how food can be medicine and where dietitians play a vital role in pain management and its application in clinical practice. There will be opportunities for questions and networking with peers, so that current evidence-based knowledge can be optimised and translated in everyday practice.



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## FUNDAMENTALS OF PAIN PRE-CONFERENCE WORKSHOP

8.30am - 12.30pm, Sunday 2 April 2023  
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

### Workshop Overview

The Foundations of Pain pre-conference workshop is a succinct overview of the physiology, clinical assessment, and clinical management of pain. The workshop is aimed at the general practitioner, specialist, allied health clinician or psychologist looking for an introduction to, or update on, persistent pain management.

This workshop is grounded in a biopsychosocial understanding of pain mechanisms and developing a mechanism-based approach to pain assessment and management.

This workshop will compliment those with an interest in attending an afternoon session of pharmacology, acute pain or physiotherapy topics.

For further information, visit: [www.dccconferences.com.au/aps2023](http://www.dccconferences.com.au/aps2023)  
Questions? Please email us at [apsasm@dccconferences.com.au](mailto:apsasm@dccconferences.com.au)



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## APS Social Networking Events

Please join us in VIC & SA for your local Australian Pain Society (APS) social event!

### VICTORIA: Join us at Arbory Afloat



Come and along and catch up with your local APS colleagues and learn more about what other people are doing in your state.

In fact, if you have friends/colleagues with an interest in pain management but who are not members of the APS, why not bring them along too, so they can connect with the APS community and find out more about how the APS can help support them.

The night will be largely unstructured so that you can focus on meeting and connecting with others.

Hope to see you there!

Esther Dube and Laura Prendergast  
APS Victorian Director and APS Treasurer

**Date:** Thursday 16 February, 2023

**Time:** 5.30-7.30pm

**Venue:** Arbory Afloat, 2 Flinders Walk,  
Melbourne (Note: this is not the original  
Arbory but is nearby on the Yarra River,  
by Flinders Street Station).

[Click here to RSVP!](#)

### SOUTH AUSTRALIA

We are combining our South Australian social networking event with the FPM South Australian CME meeting "Facing challenges of atypical facial pain" presented by Dr Meredith Daff, Dr Han Lim and Dr Andrew Zacest.

There will be a short talk preceded and followed by drinks and nibbles and a chance to chat and network. Come along and catch up with your local APS colleagues and learn more about what other people are doing in your state.

In fact, if you have friends/colleagues with an interest in pain management but who are not members of the APS, why not bring them along too, so they can connect with the APS community and find out more about how the APS can help support them.

Hope to see you there!

Michelle Harris  
APS South Australian Director

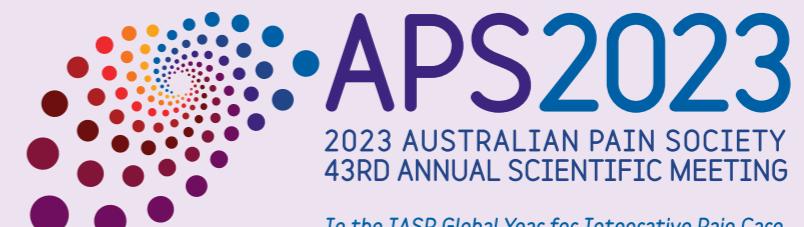
**Date:** Monday 27 February, 2023

**Time:** 7.00-8.30pm

**Venue:** ANZCA SA Regional Office – 168 Ward Street, North Adelaide

[Click here to RSVP!](#)

For non-ANZCA members please email [mgully@anzca.edu.au](mailto:mgully@anzca.edu.au) to register.



*In the IASP Global Year for Integrative Pain Care*

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## SPC SCHOLAR POSITION

Now Open!

**Deadline: 11.59pm AEDT, Tuesday 28 February 2023**

The scholar position on the Australian Pain Society's Scientific Program Committee will seek to provide an opportunity for high calibre APS trainees to participate in the committee for a fixed term appointment of 12-months (April 2023 - April 2024), with the potential opportunity to then be invited to become a permanent member of the SPC.

Through active participation in a range of SPC activities the appointee will contribute to the planning of the Annual Scientific Meeting, and they will gain invaluable experiences and skills with mentorship from senior pain researchers and clinicians on the SPC. The scholar appointee will no doubt find that this experience puts them in very good stead for a strong future career in pain research.

Applicants must be a PhD student who has reached their confirmation milestone and is an APS member.

#### Duties

- Participate in regular SPC meetings, held every 4 – 6 weeks on Tuesday afternoons
- Review free paper and topical workshop abstracts under the mentorship of a full SPC committee member.

#### Application Process

For further information on the application process please visit the [conference website](#).

#### Conditions of Appointment

- The appointment is for 12-months duration from one ASM to the next (April - April)
- The appointee must have passed their confirmation of candidature
- The appointee must have the support of their primary supervisor
- The appointee must abide by the SPC guidelines and are required to attend >80% of the SPC meetings
- The appointee will attend a face-to-face meeting on Sunday 02 April at APS 2023 in Canberra

**We look forward to receiving your application!**

If you have any questions, please contact the APS Conference Manager, [Alex Robertson](#)



2 - 5 April 2023 • National Convention Centre Canberra, ACT



*Olympic worthy shot!*

## painSTAR Delegate Report

Author: John Baranoff

*John is a psychologist with approximately 20 years of experience as a clinician. Early in 2022, John started as a lecturer in the School of Psychology at The University of Adelaide. As a registered psychologist, John holds endorsement in clinical, health and sport psychology.*

### painSTAR Report:

My goals for attending painSTAR were informed by a recent career change. I am in the first year in an academic role and so when applying to attend I was thinking about how I might develop new skills and build on existing ones, as well as make new connections. My previous experience as a clinician-researcher across pain, sport and rehabilitation psychology had led me to look at developing research questions that largely arose out of issues identified in clinical practice. My specific goals for attending painSTAR included wanting to align my own research, supervision of research and teaching with contemporary understandings of pain in ways that help others and are relevant to the field more broadly. I was hoping to be inspired by what other more experienced researchers are doing and how they have approached the study of pain in their careers.

Some of the highlights of painSTAR were hearing the painSTAR faculty, as leaders in the field, talk about their work and how they have approached the study of pain across their careers. The breadth of topics was outstanding and we heard about basic science research to population level research, as well as practice, lived experience and many other areas. The presentations by Professor Mark Hutchinson and Associate Professor Tasha Stanton on research communication were aligned with the goals for my participant in painSTAR.

Perhaps something I hadn't expected was that the faculty were so very generous in sharing valuable information about their careers and what they had experienced along the way. In the presentation by faculty, there were many examples of approaches that are likely to be helpful when faced with particular challenges in conducting pain research. This level of self-disclosure and commentary really helped put context around some of the processes of pain research and helped me understand some of the gaps in my own practice, as well as



presented new ways to think about similar issues I had experienced. Professor Michele Stirling spoke about the prevention of chronic pain after injury and in so doing covered the findings in the field over time, as well as her experience of conducting research following a career as a clinician. Professor Paul Rolan's presentation on interaction with industry helped me to reconceptualise the benefits of engagement with industry in the process of conducting research. Associate Professor Anne Burke's presentation also made me think about how to use health system data and Associate Professor Amy Reynolds' presentation on the patient experience of pain brought into clear focus why research in this area is important, as well as highlighted thought-provoking concepts relating to conducting research with people experiencing pain.

I enjoyed talking to other participants about their work and their careers and this included hearing about their plans for the future. The size of the group really allowed an opportunity to talk to people on an individual level in an effective and meaningful way. The group activities facilitated teamwork/working with others that fostered a sense of connection and helped me understand what may be required to do more collaborative and interdisciplinary research in the pain field in the future.

Participation in painSTAR has led me to start thinking in more strategic ways about how I plan out projects when I offer research supervision to students and when planning my own research. It has also helped me understand the variety of ways of collaborating with others who might, for example, have complementary skills. It has also assisted me to work on articulating a clearer vision about the types of pain-related research questions I might pursue in the future. A substantial amount of work has clearly gone into the planning and delivery of painSTAR. From the participant perspective it was a very valuable experience and I look forward to seeing how fellow attendees and I use the experience to foster growth, in numerous forms, that is of benefit to the field.

### Declaration

The author has nothing to declare.

## painSTAR Delegate Report

Author: Dr Colleen Johnston-Devin

*Colleen is an academic at CQUniversity. She teaches research into the Master of Clinical Nursing and her research is mostly related to pain education patients and health professionals and improving the pain experience for people living with it.*

### painSTAR Report:

My goals for attending painSTAR were quite straightforward. Aside from the fact that I am a self-professed research nerd, the networking and learning opportunities were too good to pass up. I have some excellent research mentors in my workplace and wider networks but wanted to develop closer relationships with pain researchers in Australia – particularly those I have cited. I also wanted to get to know more about the Australian Pain Society (APS) after being a member for many years but not really engaging.

There were many highlights to painSTAR. Taking us from laboratory-based science through to hearing of patient experiences has provided a well-rounded program encompassing every facet of pain research imaginable. Although the days were packed full and the hours were very long, I would happily go back and listen to every single speaker, including the delegate presentations, giving the same information again. I tried to take notes and I have access to the presentation slides but was constantly side-tracked thinking "oh, that's interesting", "I hadn't considered that" and "I'll have to learn more about that".

I have attended the APS conference many times and always enjoyed the trainee session. Attending painSTAR was a whole other level. With only 21 delegates, and a small number of mentors, we had the time and opportunity to get to know each other on both a personal and professional level. It was great to hear presentations from the mentors about their own research and research career journey. I could relate to many of the stories told and have discovered that not getting funding is as devastating to more experienced researchers as it is to me, and that although my ideas and goals are worthwhile, I am trying to 'boil the ocean'. We were advised to tackle projects in bite sized pieces instead.



The activity that most stood out for me was the group work. We were assigned to groups of seven people from different disciplines with different levels of research experience to develop a pitch for developing a project if we had 10 million dollars funding. Each group managed to incorporate key learnings from the presentations during the week and included humour in the delivery. Hence, following the presentations by Mark Hutchinson, each group included a physicist in their research team. We discovered that people have politicians and journalists phone numbers in their contacts, and we have developed UberHealth after an ethnographic study spent largely in the pubs of central west Queensland. It was such a clever way to test our knowledge and demonstrate our learning that with time, we could all probably develop the pitches to be actual grant submissions. At least the realistic elements could be used.

Participating in the grant pitching activity came in handy last week when I attended a workshop looking at ways to improve pain services in rural areas. Yes, UberHealth was mentioned. Another surprising impact of painSTAR for me was how well it meshed with a research impact course I have been attending. I mentioned painSTAR more than once during the course and at the workshop and at work and hope to have inspired others to apply next year. I have also included some of my new knowledge into my teaching practice. As I teach research to masters students, I have more research stories to draw upon when providing examples.

Besides making new friends, I have found new collaborators for extending current projects. I have a meeting planned for the APS Conference in Canberra to discuss my current project and how it will align with the work of others. I still have massive research plans, but now I am aware of how to break my ideas up into manageable smaller projects and have the right people to work with me to eventually get that ocean boiled.

My sincere hope is for future painSTAR programs to be held and for participants to enjoy the experience as much as I did.

### Declaration

The author has nothing to declare.

## painSTAR Delegate Report

Author: Simon Summers

Dr Simon Summers is a Lecturer at Queensland University of Technology. His primary research interest is understanding the role of the brain in the persistence of pain, both in clinical and elite athletic populations. Current research is focused on using brain-based treatments, such as non-invasive brain stimulation, to facilitate the development of novel diagnostic and treatment strategies for musculoskeletal pain.

### painSTAR Report:

Attending painSTAR was such a valuable experience as an early career researcher. My highlights of attending were the networking opportunities, developing a deeper understanding about translational research and science communication, and the opportunity to discuss career progression strategies with senior researchers in the field. I was particularly inspired by talks from Professor Mark Hutchinson and Associate Professor Tasha Stanton. They both



provided real world, practical strategies for improving my research impact and science communication skills. For example, the workshop activities that facilitated 'Bench to Bedside' thinking has made me rethink my approach to research design and the value of consumer consultation.

I am also very thankful for the opportunity I had interacting with other like-minded academics, researchers, and clinicians. I have developed new research collaborations and established a formal mentor. I also thoroughly enjoyed the group activities put on by painSTAR, particularly, the funding pitch! Getting together with peers, socialising and brainstorming grant ideas was super fun and I learnt a lot! Thank you painSTAR for a fantastic experience – highly recommend!

### Declaration

The author has nothing to declare.

**Delphi Poll on Virtual/Augmented Reality**

Have you used VR in pain focused clinical care or research?

The INOVATE-Pain Consortium are seeking your help to better understand the current use of VR/AR technologies for managing pain in children & adults. This will help us identify current practices in the field & priorities for future research & practice



Scan QR code or [click this link](#) for survey

 @DrJenStinson

 Boston Children's Hospital

 SickKids

 The MAYDAY Fund

## Member's Spotlight

Dr Cindy Wall, BPysch (Hons), MPysch (Clinical), PhD



Cindy is a Clinical Psychologist in private practice in Darwin. She is Adjunct Associate Professor at Charles Darwin University and holds Academic Status with Flinders University in the College of Medicine & Public Health. Cindy has been an APS member since 2017.

### How did you get into pain research/clinician practice?

My interest in pain, both from a research and clinical perspective, developed from working in occupational injury management and vocational rehabilitation in Perth and then Darwin. This interest was further cemented during my doctoral studies, which explored the influence of personality, trauma, and justice beliefs on recovery from workplace injury. I was fortunate to be involved in the development and implementation of a multi-disciplinary pain management program in Darwin for people with compensable injury, and my interest in behavioural medicine grew. Family and work opportunities lead to a lovely eight-year interlude in Adelaide, where I immersed myself in tertiary-level integrated interprofessional care and research in pain management with the team at the Pain Management Unit at Flinders Medical Centre, and the wider SA pain community, before returning to Darwin in 2020.

### What does your current research or clinical practice focus on? Why is this important?

From a pain perspective, my current clinical practice focuses on occupational injury and rehabilitation, and I also maintain a strong interest in psychological pre-surgical assessment for neuromodulation. I'm very fortunate to be involved with a group of wonderful practitioners, researchers,

academics, and students, across a range of research topics, including exploring the factors associated with optimal patient outcomes post-surgery or after a treatment program.

### What do you think will be the next "hot topic" in your area of research or practice?

Since returning to the NT, I am reminded of the challenges regarding equity and access to pain management for people experiencing pain in regional, rural, and remote areas of Australia, as well as the often-limited support available to health professionals working in these locations. It's encouraging to see increasing clinical and research attention directed at innovative and scalable service delivery models incorporating new technologies and consumers/stakeholder's co-design in this area.

### If you could offer one piece of advice to a younger you, what would it be and why?

Worry less about where intellectual curiosity takes you. It's okay to explore different roles and collaborate in areas less familiar. I've found these opportunities to be incredibly rewarding!

### How and why did you join the APS Board?

Having benefited from being an APS member, particularly when working more independent clinical or academic roles, I was particularly motivated to join the APS Board and contribute to the Society's purpose in advancing pain management.

### If you weren't in the pain science field, what would you be doing?

Maybe following an early interest in the sports psychology space... or something completely different like graphic arts.

## Would you like to be featured in an APS member spotlight?

Email the APS Secretariat ([aps@apsoc.org.au](mailto:aps@apsoc.org.au)) if you would like to complete a short interview to introduce yourself and your work to the broader membership

# 2023

# Global Year for Integrative Pain Care

IASP 2023  
**GLOBAL YEAR**

Integrative Pain Care

For further information: Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists [www.fpm.anzca.edu.au](http://www.fpm.anzca.edu.au), Australian Pain Society [www.apsoc.org.au](http://www.apsoc.org.au), New Zealand Pain Society [www.nzps.org.nz](http://www.nzps.org.nz), Painaustralia [www.painaustralia.org.au](http://www.painaustralia.org.au), International Association for the Study of Pain (IASP) [www.iasp-pain.org](http://www.iasp-pain.org).

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Global Year

# 2023

# Global Year for Integrative Pain Care

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The 2023 Global Year for Integrative Pain Care has been officially launched by the [International Association for the Study of Pain \(IASP\)](#). IASP defines integrative pain care as temporally coordinated, mechanism-guided, individualised, and evidence-based integration of multiple pain treatment interventions. Be part of the conversation on social media with #globalyear2023.

To [download a copy of the locally produced poster](#) and to access the IASP Fact Sheets, visit the [Global Year page of the APS website](#). More information can be found on [IASP's website](#).

Along with our regular collaborators:

- [New Zealand Pain Society](#)
- [Faculty of Pain Medicine, ANZCA](#)

we encourage you to help raise awareness of this important topic.

If you conduct an event to raise awareness of Integrative Pain Care, please send us a report and photos to share with your fellow members.



**2023** Australian Rheumatology Association  
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The Rheumatology Health Professionals Special Interest Group invite nursing and allied health professionals to submit abstracts related to musculoskeletal health.

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## Women in Health Eligible for Leadership Development Scholarships



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Applications close Friday 17 March 2023 unless allocated prior. Find out more [here](#).

## 'Engaging on a slightly more human level': A qualitative study exploring the care of individuals with back pain in a multidisciplinary pain clinic

*Thank you to APS member Karime Mescouto and colleagues Rebecca E Olson, Nathalia Costa, Kerrie Evans, Miriam Dillon, Niahm Jensen, Kelly Walsh, Megan Weier, Kathryn Lonergan, Paul Hodges, Jenny Setchell for sharing the following recent publication.*

Article first published online: 26 November, 2022

Journal Reference: Mescouto K, Olson RE, Costa N, et al. 'Engaging on a slightly more human level': A qualitative study exploring the care of individuals with back pain in a multidisciplinary pain clinic. *Health*. 2022;0(0).

DOI: <https://doi.org/10.1177/13634593221127817>

### Abstract

#### Introduction

Chronic low back pain is characterised by multiple and overlapping biological, psychological, social and broader dimensions, affecting individuals' lives. Multidisciplinary pain services have been considered optimal settings to account for the multidimensionality of chronic low back pain but have largely focused on cognitive and behavioural aspects of individuals' pain. Social dimensions are usually underexplored, considered outside or beyond healthcare professionals' scope of practice. Our aim in this paper is to explore how a pain service's practices bring to the fore the social dimensions of individuals living with low back pain (LBP).

#### Design

Qualitative study.

#### Setting

Public funded multidisciplinary pain service in Australia.

#### Subjects

Participants included 25 individuals with low back pain and 24 clinicians from various specialities.

#### Methods

We analysed 32 ethnographic observations and four group exchanges with the service's clinicians

using Annemarie Mol's concept of multiplicity as a theoretical driver.

### Results

Our findings suggest that particular practices, encounters and material environments (buildings, furniture, institutions) produced multiple enactments of an individual with low back pain. First, individuals are enacted as 'the person' when multiple social aspects of a person's life with pain are brought to light in practice, such as through personal context and relationships and interactions with institutions and healthcare providers. Second, we show how individuals with low back pain are enacted as 'the patient' through expectations of compliance with rules and habits and individualistic approaches to care. These practices contravene the social dimensions of living with low back pain. We consider 'the person' individuals within their social context, while 'the patient' is an identity/role produced at the pain service. Finally, the enactment of 'the patient-person' provides examples and opportunities where connection between 'the person' and 'the patient' was possible by connecting beyond patient-clinician usual roles, shifting power in interactions, through adaptation of rules and habits, and assistance outside the pain service. 'The patient-person' enactment offers an opening into revised practices for caring for individuals with LBP.

### Conclusions

We therefore argue that different practices enact different versions of an individual with low back pain in pain services, and that engagement with individuals' social contexts can be part of a service's agenda.

### Declaration

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by National Health and Medical Research Council of Australia Fellowships [JS: APP1157199 and PWH: APP1102905], and an Early Career Researcher grant.

# Key Learning Statements for Persistent Pain Education: An Iterative Analysis of Consumer, Clinician and Researcher Perspectives and Development of Public Messaging

Thank you to APS members Hayley Leake, Amelia Mardon, Tasha Stanton, Daniel Harvie, Emma Karran, Dianne Wilson, John Booth, Kal Fried, Chris Hayes, Amanda Simister, Lorimer Moseley AO, Carolyn Berryman and colleagues, David Butler, Trevor Barker, Pene Wood, Lissanthea Taylor, Melanie Macoun and for sharing the following recent publication.

Article first published online: August 03, 2022

Journal Reference: The Journal of Pain

DOI: [10.1016/j.jpain.2022.07.008](https://doi.org/10.1016/j.jpain.2022.07.008)

## Abstract

### Background

There has been a gradual shift in the content and delivery of pain education over the last decade. This shift reflects an adjustment in line with scientific discovery in pain and educational sciences, and in line with consumer perspectives.

### Objective

This paper describes a decade-long process of exploring consumer perspectives on pain science education concepts to inform clinician-derived educational updates.

### Design

Part 1 is a series of three cross-sectional surveys that were designed by clinicians and researchers, to investigate consumer perspectives on pain science education content. Part 2 is a description of the public health resources that were informed by the results of the surveys in Part 1.

### Subjects

Three cohorts of consumers were recruited, from people who presented for care for a persistent pain condition and were treated with a pain science education informed approach between 2011 to 2017, and self-identified as 'improved'.

### Methods

Eligible consumers were invited to provide anonymous feedback via an online survey, about their current health status and pain journey experience 6, 12 or 18 months after initial assessment. Responses to the open-ended questions were analysed using an inductive content analysis approach to devise a list of key learning statements. Subsequent cohorts rated the perceived importance of each statement to them on a 6-point Likert scale.

### Results

Results of the surveys from three cohorts of consumers (n=210) that reported improvement were used to generate iterative versions of 'Key Learning Statements'. Early iteration of these Key Learning Statements was used to inform the development of Target Concepts and associated community-targeted pain education resources for use in public health and health professional workforce capacity building initiatives.

### Conclusion

A decade-long, iterative consultative process led to the identification of eight Key Learning Statements, the development of nine Target Concepts, and the extension to Fact Sheets for public education about pain. Those fact sheets are available at [www.painrevolution.org/factsheets](http://www.painrevolution.org/factsheets). This process included consumer participation via consultation, and thus departed from the historical clinician-as-expert driven information approach of delivering education, to a process involving consumer input to develop modern pain education curricula.

### Declaration

CB, ELK and GLM were supported by a Leadership Investigator grant from the National Health & Medical Research Council of Australia ((NHMRC) ID 1178444) to GLM. TRS was supported by a NHMRC Career Development Fellowship (ID 1141735). DSH was supported by a NHMRC Early Career Research Fellowship (ID 1142929). AKM and HBL were supported by a Research Training Program domestic (RTPd) stipend as postgraduate students at the University of South Australia.

# Physiotherapists' opinions, barriers, and enablers to providing evidence-based care: a mixed-methods study

Thank you to APS members Connor Gleadhill, Steven Kamper and colleagues Katarzyna Bolsewicz, Simon Davidson, Amanda Tutty, Emma Robson, Priscilla Viana Da Silva, Bruce Donald, Katherine Dooley, Joshua Manvell, Nicole Manvell, Andrew Delbridge & Christopher Williams for sharing the following recent publication.

Article first published online: 21 November 2022

Journal Reference: Gleadhill, C., Bolsewicz, K., Davidson, S.R.E. et al. Physiotherapists' opinions, barriers, and enablers to providing evidence-based care: a mixed-methods study. *BMC Health Serv Res* **22**, 1382 (2022).

DOI: <https://doi.org/10.1186/s12913-022-08741-5>

## Abstract

### Background

Physiotherapists deliver evidence-based guideline recommended treatments only half of the time to patients with musculoskeletal conditions. Physiotherapists' behaviour in clinical practice are influenced by many cognitive, social, and environmental factors including time and financial pressures. Many initiatives aimed at improving physiotherapists' uptake of evidence-based care have failed to appreciate the context involved in clinical decisions and clinical practice. Therefore, we aimed to describe: i) opinions toward evidence; ii) how evidence is accessed; iii) factors influencing evidence access; iv) factors influencing evidence application, for physiotherapists working in regional areas.

### Design

A mixed-methods study with online survey and focus groups.

### Setting

Regional Australia.

### Subjects

We included registered physiotherapists in the survey and physiotherapists practising in regional New South Wales in the focus groups.

### Methods

Quantitative and qualitative data were used to inform all research objectives. We used eight domains of the Transtheoretical Domains Framework to design survey questions. We analysed quantitative and qualitative data in parallel, then integrated both sources through by developing a matrix while considering the Transtheoretical Domains Framework domains to generate themes.

### Results

Fifty-seven physiotherapists participated in the study (survey only n=41; focus group only n=8; both survey and focus group n=8). Participants reported that evidence was important, but they also considered patient expectations, colleagues' treatment choices, and business demands in clinical decision making. Physiotherapists reported they access evidence on average 30 minutes or less per week. Competing demands like business administration tasks are barriers to accessing evidence. Participants reported that patient expectations were a major barrier to applying evidence in practice. Environmental and systemic factors, like funding structures or incentives for evidence-based care, and social factors, like lacking or having a culture of accountability and mentorship, were reported as both barriers and enablers to evidence application.

### Conclusions

This study provides context to physiotherapists' opinion, access, and application of evidence in clinical practice. Physiotherapists' provision of evidence-based care may be improved by enhancing structural support from workplaces to access and apply evidence and exploring

discrepancies between physiotherapists' perceptions of patient expectations and actual patient expectations.

#### Implications/Discussion

Implementation research is needed to improve the translation of pain research into practice.

Previous research assessing barriers to evidence-based practice rarely uses rigorous behavioural theory that also captures the social and environmental (contextual) elements of care provision. We suggest some modifiable contextual elements of accessing and applying evidence for future implementation research.

#### Declaration

Connor Gleadhill has nothing to declare.

## Have you had an article accepted for publication recently?

The Australian Pain Society (APS) is keen to share publications from our members with their colleagues via our eNewsletter. If you've had an article accepted or published recently, please contact our Assistant Editor Joanne Harmon via the APS Secretariat ([aps@apsoc.org.au](mailto:aps@apsoc.org.au)) with the title, authors, and reference (i.e., journal, volume, and DOI) of your article and request the submission template. We would love it if you also supply a short commentary (300 words max) to give our readers the gist of the article.

## Benefits and harms of treatments for chronic non-specific low back pain without radiculopathy: Systematic review and meta-analysis

*Thank you to APS member Stephanie Mathieson and colleagues Ron Feise, Rodger Kessler, Corey Witzenko, Fabio Zaina, and Benjamin Brown for sharing the following recent publication.*

Article first published online: 17 November, 2022

Journal Reference: The Spine Journal

DOI: <https://doi.org/10.1016/j.spinee.2022.11.003>

### Abstract

#### Background

Currently, there are no published studies that compare non-pharmacological, pharmacological and invasive treatments for chronic low back pain in adults and provide summary statistics for benefits and harms. The aim of this review was to compare the benefits and harms of treatments for the management of chronic low back pain without radiculopathy and to report the findings in a format that facilitates direct comparison (Benefit-Harm Scale: level 1 to 7).

#### Design

Systematic review and meta-analysis.

#### Subjects

Adults with non-specific chronic low back pain, excluding radicular pain in any clinical setting.

#### Methods

This was a registered systematic review and meta-analysis of randomised controlled trials including trial registries, from electronic databases up to 23 May 2022. Interventions included non-pharmacological (acupuncture, spinal manipulation), pharmacological and invasive treatments compared to placebo. Best evidence criteria was used. Two independent reviewers conducted eligibility assessment, data extraction and quality appraisal. Outcomes were included the comparison of pain at immediate-term ( $\leq 2$  weeks) and short-term ( $> 2$  weeks to  $\leq 12$  weeks)

and serious adverse events using the Benefit-Harm Scale (level 1 to 7).

#### Results

The search retrieved 17,362 records. Three studies provided data on the benefits of interventions, and 30 provided data on harms. Studies included interventions of acupuncture (n=8); manipulation (n=2); pharmacological therapies (n=9), including NSAIDs and opioid analgesics; surgery (n=8); and epidural corticosteroid injections (n=3). Acupuncture (standardised mean difference (SMD) -0.51, 95%CI -0.88 to -0.14, n=1 trial, moderate quality of evidence, benefit rating of 3) and manipulation (SMD -0.39, 95%CI -0.56 to -0.21, n=2 trials, moderate quality of evidence, benefit rating of 5) were effective in reducing pain intensity compared to sham. The benefit of the other interventions was scored as uncertain due to not being effective, statistical heterogeneity preventing pooling of effect sizes, or the absence of relevant trials. The harms level warnings were at the lowest (e.g. indicating rarer risk of events) for acupuncture, spinal manipulation, NSAIDs, combination ingredient opioids, and steroid injections, while they were higher for single ingredient opioid analgesics (level 4) and surgery (level 6).

#### Conclusions

There is uncertainty about the benefits and harms of all the interventions reviewed due to the lack of trials conducted in patients with chronic non-specific low back pain without radiculopathy. From the limited trials conducted, non-pharmacological interventions of acupuncture and spinal manipulation provide safer benefits than pharmacological or invasive interventions. However, more research is needed. There were high harms ratings for opioids and surgery.

#### Declaration

The authors have no competing interests to declare.

## Development of a booster intervention for graded sensorimotor retraining (RESOLVE) in people with persistent low back pain: a nested, randomised, feasibility trial.

Thank you to APS members **Edel O'Hagan, Aidan Cashin, Rodrigo Rizzo, Hayley Leake, Matthew Bagg, Benedict Wand, James McAuley and colleague Pauline Zahara** for sharing the following recent publication.

Article first published online: 26 November, 2022

Journal Reference: *MusculoskeletalCare*.2022;1-9

DOI: <https://doi.org/10.1002/msc.1715>

### Abstract

#### Introduction

Low back pain contributes to an increasing global health burden exacerbated by unsustained improvements from current treatments. There is a need to develop, and test interventions to maintain initial improvements from low back pain treatments. One option is to implement a booster intervention. This study aimed to develop and test the feasibility of implementing a booster intervention delivered remotely to supplement the benefits from a complex intervention for chronic low back pain.

#### Methods

This study was nested in the RESOLVE trial. The booster intervention was developed by an expert group, including a clinical psychologist, exercise physiologist and physiotherapists, and based on a motivational interviewing framework. We developed a conversational flow chart to support the clinician to guide participants towards achieving their pre-specified personal goals and future low back pain self-management. Participants with chronic low back pain who were aged over 18 years and fluent in English were recruited. The booster intervention was delivered in one session, remotely, by telephone. The intervention was considered feasible if: participants were able to be contacted or <3 contacts were necessary to arrange the booster session; there were sufficient willing participants

(< 15% of sample unwilling to participate); and participants and research clinicians reported a perceived benefit of > 7/10.

#### Results

Fifty participants with chronic non-specific low back pain were recruited to test the feasibility of implementing the booster intervention. Less than three contact attempts were necessary to arrange the booster session, only one participant declined to participate. Participants perceived the session to be beneficial; on a 0 to 10 scale of perceived benefit, the average score recorded was 8.3 (SD 2.0). Clinicians also reported a moderate perceived benefit to the participant; the average score recorded by clinicians was 6.3 (SD 1.6).

#### Conclusions

We developed a step by step, simple booster intervention that was perceived to be beneficial to participants with chronic low back pain. The booster can feasibly be delivered remotely following a complex intervention

#### Declaration

This research project did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. EO and MKB were supported during this work by Australian Commonwealth Government Research Training Program Scholarships and Neuroscience Research Australia PhD Candidature Supplementary Scholarships. The RESOLVE trial was funded by the National Health and Medical Research Council of Australia (ID1087045).

## Are improvements in pain neurophysiology knowledge following pain science education associated with improved outcomes in people with chronic pain? A systematic review and meta-analysis

Thank you to APS members **Matthew Jones, Mitchell Gibbs, John Booth and colleagues Adrian Ram and Jeanette Thom** for sharing the following recent publication.

Article first published online: 1 December, 2022

Journal Reference: *Clin J Pain*. January 2023. 39(1): 41-52

DOI: <https://doi.org/10.1097/ajp.0000000000001086>

### Abstract

#### Aims

The aim of our systematic review and meta-analysis was to determine whether changes in patient-related pain knowledge after pain science education were associated with changes in outcomes (pain, disability, quality of life, pain catastrophising and kinesiophobia) in people with chronic pain.

#### Design

Systematic review and meta-analysis.

#### Methods

We searched six electronic databases and two clinical trial registries for studies where people with chronic pain received pain science education, either alone or combined with another intervention (e.g. exercise), and had their pain knowledge and clinical outcomes assessed before and after the intervention. We used random effects meta-analysis to quantify short-term (< 12 weeks) associations between changes in pain knowledge with changes in pain, kinesiophobia and pain catastrophising. Data for disability and quality of life were synthesised narratively. Risk of bias of the included studies was assessed using the Cochrane tool for nonrandomised studies and the certainty of the evidence was evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

#### Results

We included 14 studies (n=1500 participants, 69% females) comprised of people with chronic low back pain, chronic neck pain, whiplash, fibromyalgia and widespread pain. Pain science

education was delivered as a standalone intervention in seven studies and was combined with other interventions (e.g. multidisciplinary care, exercise) in the remaining seven studies. All studies used the neurophysiology of pain questionnaire or its revised version to assess patients' pain science knowledge.

Pain science education was effective at increasing patients' knowledge (baseline: ~37% of questions answered correctly; post-intervention: ~70% of questions answered correctly). Meta-analysis showed no significant short-term association between change in pain knowledge with change in pain (r = -0.01, 95% CI [-0.14 to 0.13]), kinesiophobia (r = -0.02, 95% CI [-0.27 to 0.24]) or pain catastrophising (r = -0.03, 95% CI [-0.18 to 0.11]). Regarding long-term outcomes, one study found a moderate and significant negative association between change in pain knowledge with change in pain catastrophising at 6 months (r = -0.23, 95% CI [-0.30 to -0.16]) and 12 months (r = -0.21, 95% CI [-0.28 to -0.13]) (i.e., more knowledge, less catastrophising). Narrative synthesis did not reveal any significant associations between change in knowledge with change in disability or quality of life. Risk of bias for the included studies was moderate to serious and the certainty of evidence was very low to low certainty, meaning the estimated effects may be different to the true or real effect.

#### Conclusions

Our systematic review did not find any significant short-term associations between changes in pain science knowledge, as measured using the neurophysiology of pain questionnaire, with changes in clinical outcomes in people with chronic pain. We contend that a change in pain knowledge per se is less important than what happens because of the change in knowledge, such as increased engagement with other active treatments because of reduced threat/greater patient 'safety'.

#### Declaration

Matthew Jones has no conflict of interest, financial or otherwise, to be disclosed.

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- **PainHEALTH website:** painHEALTH's aim is to help health consumers with musculoskeletal pain access reliable, evidence-based information and tips to assist in the co-management of musculoskeletal pain. painHEALTH is an initiative of the Department of Health, Western Australia. <http://painhealth.csse.uwa.edu.au/>
- **Stanford University:** CHOIR Collaborative Health Outcomes Information Registry <https://choir.stanford.edu/>
- **Opioid Podcasts for GPs:** These podcasts are produced by David Outridge GP, and FACHAM Trainee as a project under the auspices of Dr Steven Kelly Staff Specialist in Addiction Medicine, Kullaroo Clinic Gosford. A 20 week series from the Hunter Postgraduate Medical Institute (University of Newcastle) : <http://www.gptraining.com.au/recent-podcasts>
- **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
- **Indigenous Resources:** New webpage on the APS website aggregating Indigenous resources: <https://www.apsoc.org.au/Indigenous-Resources>
- **Opioids: Communications videos:** <https://www.nps.org.au/opioids-communication-videos>

## TGA

- Codeine information hub: <https://www.tga.gov.au/news/news/codeine-information-hub>

## NSW Agency for Clinical Innovation resources:

- > Brainman and Pain Tool Kit translations, SEP15: <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- > Pain Management Resources: <https://aci.health.nsw.gov.au/networks/pain-management/resources>
- > Quicksteps 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](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>
- > Chronic Pain in the ED: <https://www.aci.health.nsw.gov.au/networks/edi/clinical/clinical-resources/clinical-tools/pain-management/chronic-pain-in-the-ed>

## New Members

### New Members as at 24 January 2023:

**Ms Chelsea Dutkiewicz**

**Miss Emma Gibbons**

**Mrs Alexia Greaves**

**Dr Louise Jeynes**

**Mrs Jessica Kneale**

**Dr Chanida Limpatiyagorn**

**Dr Yvette McKellar**

**Ms Samantha Millard**

**Ms Meg Odgers**

**Ms Katelyn Phinn**

**Ms Pauline Slater**

**Mrs Nadine Smith**

**Mr Junsheng Leslie Teo**

**Miss Mirjana Valdes**

**Mrs Sasha Wray**

Pharmacy

Physiotherapy

Nursing

Anaesthesia

Nursing

Anaesthesia

Anaesthesia

Science Research

Psychology

Pharmacy

Physiotherapy

Physiotherapy

Exercise Physiologist

Anaesthesia

Occupational Therapy

## APS Membership Survey 2023



THE  
AUSTRALIAN  
PAIN SOCIETY

In order to align the invaluable feedback from our membership surveys to the APS President changeover cycle, we are asking members to complete a survey with their 2023 membership renewal.

The survey results will assist the new APS leadership team to shape the strategic goals of our society.

We are also pleased to announce the following prizes (two in total) for the 2023 membership survey. Complete the survey by 10FEB23 and enter the prize draw to win:

1 of 2

**Gala Dinner Tickets** on Tuesday, 4 April 2023 at the Canberra conference!

**Thank you for your continued support and membership of the APS.**



**Member Survey**

# APS Membership Renewals 2023

Renewal notices for 2023 have been sent by email to members, check your inbox!

**Thank you for your continued support and membership of the APS.**

Please note:

1. We understand that circumstances change, so each year we ask you to select your appropriate level of membership.
2. This system of self-reporting subscription levels was implemented in 2009 for the benefit and fairness of all members.
3. There has been a small increase applied to the 2023 membership fees.

Please refer to the rates below for your 2023 membership fee:

<b>a. Regular A</b>	<b>\$120 (was \$110)</b>
<b>b. Regular B</b>	<b>\$230 (was \$205)</b>
<b>c. Regular C</b>	<b>\$370 (was \$310)</b>
<b>d. Retired</b>	<b>\$65 Concessional Rate</b>
<b>e. Student</b>	<b>\$65 Concessional Rate</b>

Before renewing, please ensure you **review and update your member profile online**.

Payments can be made by Credit Card, BPAY, or Cheque.

Did you know that the Australian Pain Society is a registered charity with ACNC? Your donation will help the Society to promote the prevention and control of diseases in human beings associated with pain.

All donations of \$2 or more to APS are tax-deductible.



THE  
AUSTRALIAN  
PAIN SOCIETY

## Calendar of Events

**23-26 March 2023**

**New Zealand Pain Society**  
*NZPS 2023 "Designing a Better Future"*  
The Cordis Hotel, Auckland, NZ  
<https://www.nzps2023.nz/>

**2-5 April 2023**

**Australian Pain Society**  
*APS 2023 43rd Annual Scientific Meeting  
In the IASP Global Year for Integrative Pain Care*  
National Convention Centre, Canberra, ACT  
<https://www.dccconferences.com.au/aps2023/>

**5 May 2023**

**Australian and New Zealand College of  
Anaesthetists & Faculty of Pain Medicine**  
*2023 FPM Symposium - Moving Forward*  
International Convention Centre (ICC),  
Sydney, NSW  
[https://www.anzca.edu.au/events-courses/events/major-events/fpm-national-events/2023-faculty-of-pain-medicine-symposium-\(1\)](https://www.anzca.edu.au/events-courses/events/major-events/fpm-national-events/2023-faculty-of-pain-medicine-symposium-(1))

**5-9 May 2023**

**Australian and New Zealand College of  
Anaesthetists (ANZCA)**  
*ANZCA 2023 Annual Scientific Meeting - Be connected*  
International Convention Centre (ICC),  
Sydney, NSW  
<https://www.anzca.edu.au/events-courses/events/major-events/2023-anzca-asm>

**6-7 May 2023**

**Exercise & Sports Science Australia (ESSA)**  
*2023 ESSA - Innovation & Practice Forum*  
Novotel Sunshine Coast Resort, Sunshine Coast  
Twin Waters, QLD  
<https://www.essaforum.com.au/>

**6-9 May 2023**

**Australian Rheumatology Association (ARA)**  
*ARA ASM 2023*  
Hotel Grand Chancellor, Hobart, TAS  
<https://www.araconference.com/>

**21-23 June 2023**

**Occupational Therapy Australia (OTA)**  
*OTAUS2023 - 30th National Conference & Exhibition*  
Cairns Convention Centre, Cairns, QLD  
<https://www.otausevents.com.au/otaus2023/>

**11-13 August 2023**

**Neuromodulation Society of Australia and  
New Zealand**  
*NSANZ 2023 16th Annual Scientific Meeting  
- Neuromodulation: From Niche Practice to  
Mainstream Medicine*  
Sofitel Brisbane Central,  
Brisbane, QLD  
<http://www.dccconferences.com.au/nsanz2023>

**31 August-2 November 2023**

**International Neuromodulation Society (INS)**  
*3rd Joint Congress of the INS European Chapters  
- Addressing Tomorrow's Challenges Together!*  
Congress Centre Hamburg, Germany  
<https://e-ins.org/>

**7-9 September 2023**

**International Association for the Study of  
Pain (IASP)**  
*NeuPSIG 2023 International Congress on  
Neuropathic Pain*  
The Lisbon Congress Centre, Lisbon, Portugal  
<https://neupsig.joyn-us.app/>

## Vision, Purpose & Priorities

### 10-13 September 2023

#### Rehabilitation Medicine Society of Australia & New Zealand

RMSANZ2023 6th Annual Scientific Meeting - Diversity and Leadership

Hotel Grand Chancellor, Hobart, TAS

<https://www.dcconferences.com.au/rmsanz2023/home>

### 20-23 September 2023

#### European Pain Federation EFIC 13th Congress

Personalised Pain Management: The future is now

Budapest, Hungary

<https://europeanpainfederation.eu/efic2023/>

### 1-4 October 2023

#### International Association for the Study of Pain (IASP)

The International Symposium on Pediatric Pain 2023 (ISPP 2023)

Halifax Convention Centre, Halifax, Canada

<https://ispp.joyn-us.app/>

#### Vision:

All people will have optimal pain management throughout life.



THE  
AUSTRALIAN  
PAIN SOCIETY

#### Purpose:

The Australian Pain Society is a multidisciplinary association whose purpose is to advance pain management through education, research, and advocacy for transformational improvements in clinical care.

#### Priorities:

In order to achieve our purpose, the Australian Pain Society will provide:

- > Membership
- > Research
- > Education
- > Services and resources
- > Good governance and operations
- > Advocacy

## Directors



### President:

**Ms Trudy Maunsell**

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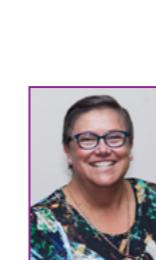
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VIC



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