I would like to thank Paul Gray for his tribute to celebrate the remarkable life of Emeritus Professor Teresa (Tess) Rita O’Rourke Cramond (nee Brophy) AO OBE 22 February 1926 – 26 December 2015. Love for God, love for Humphry and love for people – passions that define the life of a unique lady.

Tess was a powerhouse and a pioneer of Pain Medicine in Australia and internationally. She would be amazed and proud how the discipline has evolved over time since she first started worked in the speciality and would be pleased with the variety of articles written for this newsletter and the multi-disciplinary approaches from all sections of the spectrum of health professionals, and consumers.

Kind regards

Stephanie Davies
Editor
EMERITUS PROFESSOR TERESA (TESS) RITA O’ROURKE CRAMOND (NEE BROPHY) AO OBE

By Paul Gray

22 February 1926 – 26 December 2015

Love for God, love for Humphry and love for people – passions that define the life of a unique lady.

"Initially, I will miss the patients whose courage has so often been inspirational and the daily contact with my colleagues, but I look forward to having more time with Humphry and our extended family, to supervising the gardener, to enjoying the matinees at QPAC [Queensland Performing Arts Centre], reading the ‘must do’ books that have been neglected, having morning tea or lunch with friends.” These were the closing remarks from Tess at her retirement celebration in 2009.

Retirement years that were all too short.

Tess compacted into one lifetime a wide and deep array of achievements and contributions. For this, she received numerous awards and accolades - to reduce these to a biographical list seems an injustice at this time. Soon, the Australian Pain Society will present this in detail on their website.

As Tess grew up in Emerald, the Brophy family would from time-to-time have the town doctor, Roger Bennet, for dinner. Later, the same Dr Bennet worked with Tess in pioneering work on basic life support that led to reintroduction of expired air resuscitation. When Dr Bennet developed unrelieved cancer pain, he called on Tess for help. This led to Tess establishing the Pain Centre in 1967 – multidisciplinary from its inception. It evolved under her leadership to an internationally recognised centre for patient care, education and research and was renamed in 2008 to the Professor Tess Cramond Multidisciplinary Pain Centre (PTCMPC) – a fitting legacy.

"No man or women is an island”, a favourite saying of Tess reflected her belief in the multidisciplinary approach to pain management and the people and purpose of the Australian Pain Society. She attended every annual scientific meeting from the inaugural Gold Coast gathering to only recently stopping when her health kept her at home. Even when she couldn’t attend, her interest persisted especially in whom was delivering her named lecture.

Tess talked with excitement of her anaesthetic registrar years at the London and Poplar Hospitals in the 1950s. It was during these years that she was presented to the Queen (born in the same year) at Buckingham Palace for her achievement in anaesthetic examinations; had an audience with the Pope at Castle Gandolfo; enjoyed the Edinburgh Festival, the Dublin Horseshow and the Mozart Bicentenary Festival in Salzburg. She attended six weddings and was a bridesmaid. Despite all these adventures, Tess retorted that she “still managed to pass the Fellowship exams!”

Tess set a high standard and expected her staff to keep up - one of her many memorable qualities. Primarily, this standard was to promote and practice uncompromising patient focused care. Her high standard extended to all areas including the passionate correction of spelling and grammatical errors with reference to the Oxford English dictionary! The tapping of her pen on the table maintained order and punctuality during team meetings. She arrived early to work, left late and was seen pacing the corridors of the hospital on most weekends reviewing patients – relieving the duties of her consultant colleagues who were actually on call for that weekend.

The patients were always her number one priority.

Tess referred to the PTCMPC staff as her extended family.

Prof Cramond with QLD Governor, Quentin Bryce, circa 2008
and all of her team knew that they were highly valued. As Christmas approached each year, the staff would be individually called into the boss’s office to be presented with their gifts – thoughtfully chosen and wrapped. Her tremendous generosity also extended to hosting many dinners for colleagues and friends at her beloved Moreton Club and United Services Club. At APS and IASP meetings, she would gather the researchers and clinicians from Brisbane and find a local restaurant - Humphry would pick up the bill!

In 1974, Tess became a founding member of the Brisbane branch of the Order of Malta - a lay Catholic Order of Chivalry whose members were committed to helping the poor and the sick. Tess talked of and lived out the Physicians’ Prayer, “Give skill to my hand, clear vision to my mind, kindness and sympathy to my heart. Give me singleness of purpose, strength to lift at least a part of the burden of my suffering fellowmen and a true realization of the rare privilege that is mine.” She often mentioned how great a privilege it was to practise medicine.

Tess was a junior medical resident at the Royal Brisbane Hospital in the early 1950s. One day, in a crowded lift a senior colleague quipped, “You have lost a lot of weight Doctor, is it tuberculosis or unrequited love?” Tess replied, “Sir, I have no time for love - requited or otherwise - I am a medical resident”. To this, the supervisor responded, “Have your chest x-rayed and bring it to me this morning.” No tuberculosis but later in life, Tess found requited love in Humphry Cramond – they married in 1985 when Tess was 59. Tess would always say, “He was worth waiting for.” Humphry and Tess knew each other from medical student days when Tess was one of the women students who served afternoon tea at Humphry’s graduation ceremony. Tess and Humphry - a devoted couple separated only by Humphry’s death in 2014.

Tess died peacefully on the 26th December 2015.

She will be remembered.

She will be missed.

PRESIDENTS REPORT

Is it too early to say farewell summer, and welcome autumn in Perth at our upcoming Annual Scientific Meeting in March!?. There is a program packed full of surprises, something for all of us. If you are not one of the 470 already registered I hope you will be registering soon!

Your Board has been active on a range of issues. 149 of you recently completed the first ever Member Survey, which accompanied your online membership renewal. We are looking at the responses and there will be a report for you at our AGM, and next Newsletter. A preliminary reading of responses is so far very gratifying for the support for recent, current and future activities of this unique health professional organisation. I say unique because probably nowhere else is there such mutual respect, support and acknowledgement for and of each other health discipline involved in the care of our patients.

A comprehensive revision of the Position Statement on “The Role of the Psychologist in the Management of Chronic Pain” has been completed by South Australian Director, Anne Burke, and interested members and will shortly be available to members-at-large for comment. We anticipate this being discussed and approved at the Business General Meeting in Perth, another reason to go!

To finish off there has been some interesting and stimulating writing by Jane Ballantyne and colleagues in the Pain journal recently. My summary take on them is the strident call to, whilst recognising and “measuring pain” such as it being the Fifth Vital Sign, recognise that treatment need not be pharmacological as the first option (particularly being cautious whenever initiating opioids in any form). As we in this APS are aware, and experience daily with our patients, there are many “successful” nonpharmacological, as well as other pharmacological, options that should be considered. It is gratifying to see that amongst these is increasing respect for, and use of, appropriately applied Interventions, something this Society and affiliated organisations have in the past struggled to accept.

See you all in Perth in March!
The 2016 Global Year Against Pain in the Joints has been officially launched by the **International Association for the Study of Pain (IASP)**.

To download a copy of the locally produced poster and to access the IASP Fact Sheets, visit the [Global Year Against Pain page of the APS website](https://www.apsoc.org.au/global-year-against-pain).

Along with our regular collaborators:

- [New Zealand Pain Society](http://www.nzps.org.nz)
- [Faculty of Pain Medicine, ANZCA](http://www.fpm.anzca.edu.au)
- [Painaustralia](http://www.painaustralia.org.au)

and in keeping with the theme, we are pleased to include the:

- [Australian Rheumatology Association](http://www.rheumatology.org.au)
- [New Zealand Rheumatology Association](http://www.rheumatology.org.nz)

A limited number of A3 posters have been printed and are available upon request.

If you conduct an event to raise awareness of Pain in the Joints, please send us a report and photos to share with your fellow members.
Congratulations to Associate Professor David Cherry, AM who was recognised in the 2016 Australia Day Honours List.

David Cherry (APS President 1994–96), was Director of the Flinders Medical Centre’s Pain Clinic, 1982–2008 and Associate Professor at Flinders University from 1995. As his 2009 Distinguished Member profile indicates, among his many research interests was involvement in the development of the epidural portal access system, initially for use in managing severe pain related to cancer; an epidural infusion test to assess opioid responsive pain; and developing the concept of a minimal blood opioid concentration. He investigated the harmful effects of pethidine (produced by South Australian company F.H. Fauldings) and the unpredictable pharmacokinetics of methadone. The need for better pain relief led to his involvement, with colleague and then APS Treasurer Dr Geoff Gourlay, in the development of a sustained release morphine product, Kapanol®, in co-operation with FH Faulding and Glaxo Australia. He and Geoff Gourlay toured extensively and gained an international reputation as leaders in opioid pharmacology.

Interestingly David also features in the South Australian Golf Hall of Fame: his Honour citation states: For significant service to golf through executive roles, and to pain management medicine as an academic and researcher.
FOR RELEASE JANUARY 11, 2016
Contact Dan Levin (globalyear@iasp-pain.org)

IASP Sponsors Global Year Against Pain in the Joints

Initiative promotes better pain management through increased awareness

The Global Year Against Pain in the Joints launches today, bringing attention to a wide variety of ailments and conditions affecting millions of people worldwide. Sponsored by the International Association for the Study of Pain (IASP), the yearlong public awareness campaign focuses on education for health-care professionals and government leaders. Simultaneously, the European Pain Federation–EFIC has inaugurated the European Year Against Pain on the same topic.

The initiative will mobilize IASP’s 7,000+ members and 90 national and regional chapters and forge partnerships with other organizations. The campaign’s goals:

- Broadly disseminate information on joint pain to patients and health-care providers
- Connect pain researchers to health-care professionals who witness the problems associated with joint pain first-hand in their daily interactions with patients
- Increase awareness of joint pain among government officials, the news media, the public, and patient organizations worldwide
- Encourage government leaders, research institutions, and other individuals and organizations to support research aimed at producing more effective and accessible treatment

There are many different types of joint pain—pain related to osteoarthritis, pain after traumatic injury, pain after joint surgery, pain related to inflammatory joint disorders such as rheumatoid arthritis and psoriatic arthritis, and pain related to crystal deposition in the joints such as gout or chondrocalcinosis.

IASP President Rolf-Detlef Treede, Prof., Dr.med., a German neuroscientist at the University of Heidelberg, says, “Pain relief is an important objective for improving the quality of life and daily functioning in patients with diseases involving the joints, in acute conditions such as gout, as well as in chronic conditions where pain often outlasts the normal healing process.”

Throughout the world, the prevalence of joint pain is extensive and the effects debilitating. For example:

- In the United States, an estimated 52.5 million adults have doctor-diagnosed joint disorders or diseases, and nearly 10 percent of all adults say these conditions, mostly osteoarthritis, limit
their activities. Furthermore, a seven-fold increase in joint replacements is projected over the next 15 years due to the increased number of patients with painful osteoarthritis. 

- In a large-scale telephone survey conducted in 15 European countries and Israel to explore the prevalence, severity, treatment, and impact of chronic pain, 19 percent of 46,394 respondents said they had suffered pain for more than six months and had experienced pain in the last month and several times during the last week. Within this group, more than 40 percent reported joint pain, most frequently knee pain.

- A study in Japan found an alarming prevalence of knee osteoarthritis (KOA) and lumbar spondylosis (LS) in the Japanese population. In men and women older than 40, the prevalence of KOA was 42.6% and 62.4%, respectively, and that of LS was 81.5% and 65.5%, respectively. That means 25.3 million people (8.6 million men and 16.7 million women) could be affected by KOA, and 37.9 million people (18.9 million men and 19 million women) by LS. The study confirmed that factors such as obesity and occupational activities were associated with both KOA and LS.

According to Global Year campaign co-chair Lars Arendt-Nielsen, Prof., Dr.med., PhD., of Aalborg University in Denmark: “In addition to the suffering and discomfort associated with joint pain for patients, the problem can exact substantial socio-economic costs for societies. These include lost work days and diminished quality and productivity. Aging populations, sedentary lifestyles, and an increasing propensity toward obesity all mean that the problem of joint pain will continue unabated worldwide.”

Adds co-chair Serge Perrot, Prof., MD, PhD, a pain specialist at Université Paris Descartes: “Chronic joint pain can be manageable, but treatment is often inadequate, and patients may continue to suffer. Indeed, medications are sometimes unsafe, making rehabilitation and physical therapy essential.”

As part of the Global Year Against Pain in the Joints, IASP offers a series of 20 fact sheets especially for clinicians and health-care professionals that cover specific topics related to joint pain. The fact sheets are translated into multiple languages and available for free download. Patients also may benefit from reading these latest updates.

Throughout the coming year, IASP and its chapters will sponsor meetings, symposia, interviews, publications, and other efforts to promote education on issues surrounding joint pain. For more information, visit: www.iasp-pain.org/GlobalYear.

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About the International Association for the Study of Pain

IASP® is the leading professional forum for science, practice, and education in the field of pain. Membership is open to all professionals involved in research, diagnosis, or treatment of pain. IASP has more than 7,000 members in 133 countries, 90 national chapters, and 20 Special Interest Groups. IASP brings together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and translate that knowledge into improved pain relief worldwide.
Notes


CALL FOR EXPRESSIONS OF INTEREST FOR APS NEWSLETTER CO-EDITOR

To ensure continuity of publication, we are seeking Expressions of Interest (EOI) for the role of APS Newsletter Co-Editor:

1. To assist in the production of the newsletter to provide more scientific content and strength to the newsletter; in particular, to alert APS members to recent publications by providing two or more references of interest to readers; these could be by:

   a. listing the title, key authors and where to find the reference; or
   b. by a brief synopsis provided by you; or,
   c. perhaps best of all, by obtaining the abstract (with permission to use it.)

2. To act as a second reviewer for the APS newsletter content

3. To be the senior editor when the editor is unavailable.

If you are interested in this role, and have further queries please contact Tracy Hallen at the APS Secretariat or Dr Stephanie Davies.

Applicants will be asked to submit a written EOI with their CV. All EOIs will be reviewed and considered by the APS Board.
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<td>Mundipharma #3-APS-APRA</td>
<td>Audrey Wang</td>
<td>“An investigation of the role of the brain in recovery from CRPS, using fMRI”</td>
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<td>Janssen Cilag #2-APS-APRA</td>
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<td>APS #1-APRA</td>
<td>Samantha South</td>
<td>1999</td>
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<td>&quot;Antinociceptive pharmacology of morphine and its major glucuronide metabolites&quot;</td>
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<td>CSL #1-APS-APRA</td>
<td>Lara Winter</td>
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<td>&quot;Antinociceptive properties of the neurosteroid alphadolone&quot;</td>
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<td>CSL #2-APS-APRA</td>
<td>Anne Pitcher</td>
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<td>&quot;Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia&quot;</td>
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<td>Mundipharma #1-APS-APRA</td>
<td>Kathryn Nicholson Perry</td>
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<td>Debbie Tsui</td>
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<td>Mundipharma #2-APS-APRA</td>
<td>Zoe Brett</td>
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<td>&quot;Individual differences in vulnerability to the development of chronic pain following injury&quot;</td>
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<td>APS #3-APRA</td>
<td>Susan Slatyer</td>
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<td>&quot;Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective&quot;</td>
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<td>APS #4-APRA</td>
<td>Amelia Edington</td>
<td>2013</td>
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<td>&quot;Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain&quot;</td>
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<td>Janssen Cilag #1-APS-APRA</td>
<td>Mary Roberts</td>
<td>Due 2016</td>
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<td>&quot;An investigation of the role of sleep in chronic pain&quot;</td>
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RECENT PUBLICATIONS

Thanks to APS members John Quintner and Milton Cohen who have shared the following recent book chapter publications:

OXFORD TEXTBOOK OF MUSCULOSKELETAL MEDICINE 2ND EDITION

Michael Hutson, Adam Ward

Published: 26 JAN 2016
ISBN 9780199674107

Chapter 14
Myofascial pain syndrome – a bogus construct
Authors: John Quintner & Milton Cohen
“Myofascial pain syndrome”, with its theory based on “trigger points”, is commonly invoked to explain chronic musculoskeletal pain. In this chapter, the construct of “myofascial pain” is critically examined. Not only are there fundamental logical and scientific flaws in this theory, but also testing of the various clinical hypotheses derived from this theory have failed to support it. The chapter concludes by offering biologically-based and scientifically testable explanations for the clinical problems.

Chapter 19
Pain concepts: chronic pain
Authors: Milton Cohen & John Quintner
Chronic pain has long been acknowledged to be a major public health problem. However, although it has been redefined in “biopsychosocial” frameworks, the biomedical imperative (clinical power and dollars) has held sway in our society, at the expense of sufficient consideration of the psychological and social dimensions. The “chronic pain as a disease” debate has highlighted the problems of language and flaws in reasoning by its proponents. The authors suggest that achieving change in the clinic will require a new language and nomenclature as well as a “level playing-field” approach, all of which can be encapsulated by the concept of integrated intersubjectivity.

Chapter 21
Placebo Theory
Author: Milton Cohen
This chapter offers clear definitions of placebo, placebo responses and placebo effects and discusses common misconceptions regarding these phenomena. Current concepts of mechanisms, psychological and neurobiological, that are responsible for the placebo response and contextual (placebo) effects are identified. Two important principles are presented: that placebo effects, better termed contextual effects, do not require the administration of a placebo; and non-placebo treatment will exert both a characteristic effect and a contextual effect. The implications of placebo theory for clinical practice, training, and research are explored.

Thanks to APS member Lester Jones and his colleagues who have shared the following recent publication:

NIPPLE PAIN ASSOCIATED WITH BREASTFEEDING: INCORPORATING CURRENT NEUROPHYSIOLOGY INTO CLINICAL REASONING

Amir LH, Jones LE & Buck ML

Publication information:
Australian Family Physician, 2015, Vol 44(3): 127-132

This article adapts the Pain and Movement Reasoning Model - a tool to capture the complexity of pain - to the common problem of pain with breastfeeding. With adaptations that reflect the anxiety, stress and sleep deprivation of first time mothers, as well as the use of breast pumps, the Breastfeeding Pain Reasoning Model promotes a person-centred approach to assessment and management of pain associated with breastfeeding. One day workshops on how to incorporate the Pain and Movement Reasoning Model into clinical practice are planned for Melbourne and Hobart early in 2016. For information on future events contact connectionspt@gmail.com
Thank you also to APS members Chris Hayes, Meredith Jordan and Ruth White and their colleagues who have shared the following recent publication:

**ASSESSMENT OF ADULTS EXPERIENCING CHRONIC NON-CANCER PAIN: A RANDOMIZED TRIAL OF GROUP VERSUS INDIVIDUAL FORMAT AT AN AUSTRALIAN TERTIARY PAIN SERVICE**

Natalie Smith, Meredith Jordan, Ruth White, Jenny Bowman, Chris Hayes

Article first published online: 06 JAN 2016
Pain Medicine.
DOI: 10.1002/gps.436
http://dx.doi.org/10.1093/pm/pnv048
Link: http://painmedicine.oxfordjournals.org/content/early/2016/01/05/pm.pnv048

**ABSTRACT**

**Objective**
To compare the outcomes of a new group assessment format with conventional individual assessment.

**Design**
A randomised controlled trial.

**Setting**
An Australian tertiary hospital multidisciplinary pain service.

**Patients**
Adults referred with chronic non-cancer pain.

**Methods**
Following attendance at an education and orientation group, 211 participants were randomized to either a group assessment format (focused on supported self-assessment) or individual assessment. Follow-up occurred 3 months post-assessment and prior to subsequent pain service intervention. Outcome measures were pain intensity, pain interference, self-efficacy, psychological distress, health care utilization beyond the pain service, waiting time, participant satisfaction, and implementation of self-management strategies.

**Results**
Seventy-two participants undertook group assessment and 90 were assessed individually. Follow-up data were collected on 57 group and 72 individual assessment participants. Results revealed no significant differences between the two assessment formats in outcome with the exception of wait-times. Median wait-time to the first offer of assessment was 47 days for the group format and 144 days for individual.

**Conclusions**
Group assessment provides a viable alternative to conventional individual assessment. The group assessment reduced wait-times while delivering otherwise comparable outcomes.

**Additional Comment**
The time and cost of group versus individual assessment is compared in the Appendix (Table A3). The total staff time per participant assessed was 50% less with the group format than the individual. The cost per participant was approximately 60% less in the group format. In planning model of care redesign the group assessment format is worthy of consideration as a part of a standard pathway. This approach allows for the possibility of triage to individual assessment for non-standard cases.

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

Stephanie Davies, Editor


In EMBODIED, Chris Eccleston builds a scaffold for a psychology of physical sensation. He argues that our physical bodies are the conduit between our being and our world. Physical sensations inform us about how the world acts upon us, and both enable and limit our ability to act, or be, in the world.

Whilst acknowledging that physical sensations are often experienced concurrently, Eccleston explores 10 distinct ‘neglected’ physical senses in separate chapters: balance, movement, pressure, breathing, fatigue, pain, itch, temperature, appetite, and expulsion (the sense of physical matter leaving the body).

Although only one chapter is dedicated to pain, the entire content is fascinating and relevant to pain clinicians seeking to better understand the sensory experiences of their patients. This book should also appeal to scientists seeking a scaffold for future study. Indeed, anyone interested in self-reflection and better understanding their own physical sensory world and its integration into self – embodiment – will enjoy this book.

Each sense is introduced with a definition, justification for its distinctiveness, and an outline of relevant physiology sufficient to frame discussion. Eccleston then reviews the extant literature on the psychology of the sensation under normal and some pathological conditions. He explores: How do we become aware of each sensation? When and why do we attend to it? How do we label it and interpret the quality and threat value? How beliefs and emotions affect it, and are affected by it? What does each sensation urge us to do/change?

For each sense investigated, Eccleston also interviews two exemplars – people who live, by choice or inescapably, with extreme sensory experiences. Abridged transcripts of their stories bring to life how much each physical sensation matters to us, and how some individuals cope when forced to their physical sensory limits.

In the chapter on pain, Eccleston considers how we perceive, process and behave in response to pain in different contexts. He starts with temporary, immediately-understandable pain, then discusses the psychology of pain in religion, rites of passage, non-suicidal self-injury and deliberate goal pursuit (e.g. marathon running). He moves from these rare ‘positive’ experiences of pain to the more usual unwelcome, interrupting and disrupting experiences of pain.

He argues that the normal psychology of pain applies equally when pain persists. He invites us to consider people with chronic pain as exhibiting a normal psychological response to an abnormal event. This respectful approach inspires his call for psychological study to move on from fear-avoidance to consider a theory of courageous-engagement. How is it that people engage bravely with pain, making repeated trade-off decisions about how much pain is tolerable in pursuit of valued goals?

A final chapter summarises the themes common across the physical sensations. Physical sensations function: to interrupt; to compete for attending and salience; and, thence, to urge change in behaviour coherent with our highest-priority goal. There may be lessons learned through the study of psychology of other senses that can accelerate psychological study and therapeutics in the field of pain. I recommend this thought-provoking book to all.

Declaration:
Dr Susie Lord has no conflict of interest to declare.
SUBANESTHETIC KETAMINE INFUSIONS FOR THE TREATMENT OF CHILDREN AND ADOLESCENTS WITH CHRONIC PAIN: A LONGITUDINAL STUDY


Reviewer: Dave Anderson Paediatric Pain CNC, Sydney Children’s Hospital, Randwick, NSW

The study looked at a total of 63 children and adolescents aged 12-17 (Median 15) with a diagnosis of chronic pain, who between them received a total of 277 ketamine infusions.

The study was to determine if sub-anaesthetic ketamine infusions would have any impact on this population in terms of pain reduction and opioid usage as has been shown in some adult studies.

This is a longitudinal cohort study using consecutive paediatric patients treated with sub-anaesthetic ketamine infusions in a tertiary outpatient centre in the USA. Outcome measures were self-reported pain score (numeric rating scale) and morphine-equivalent intake. The results of the study appear to support the use of Ketamine in the treatment of chronic pain in terms of reduction in overall pain intensity (p <0.001) with the greater pain reductions seen in patients with Complex Regional Pain Syndromes (CRPS) when compared to other pain syndromes (p = 0.029). Ketamine-associated reductions in pain scores were the largest in postural orthostatic tachycardia syndrome (POTS) and trauma patients and the smallest in patients with chronic headache (p=0.007). In 37% of infusions, patients had a greater than 20% reduction in pain score. There was however no change in overall morphine-equivalent intake (p=0.3).

There were no significant psychotropic or haemodynamic side effects reported; which does support that the administration of intermittent Ketamine infusions in the outpatient setting appears to be a safe and effective treatment modality.

CONCLUSIONS:
These data suggest that subanaesthetic ketamine infusion is feasible in an outpatient setting and may benefit children and adolescents with chronic pain. Further, patients with CRPS, POTS, and a history of trauma-related chronic pain are more likely to benefit from this therapeutic modality.

Whilst this study does give some good results in terms of pain reduction, the authors do acknowledge that there was no long-term follow up or physical or functional outcome measures. In an Australasian setting these physical outcomes would have a much greater weighting as opposed to purely pain intensity, and opioid consumption. However given the current moves in health provision towards a more ambulatory model, the demonstrated safety and lack of unwanted side effects mean this modality of care has the potential to become a part of out-patient paediatric chronic pain management; especially if long-term and/or functional outcome data becomes available.

AN EVIDENCE-BASED APPROACH TO MINIMIZING ACUTE PROCEDURAL PAIN IN THE EMERGENCY DEPARTMENT AND BEYOND

Ali, Samina MDCM; McGrath, Tara MD; Drendel, Amy L. DO, MS - Pediatric Emergency Care Volume 32, Number 1 January 2016

Reviewer: Theresa Donnelly, Hospital Scientist, Pain Research Unit, Sydney Children’s Hospital, Randwick NSW

This is an educational review of the practice of various approaches, alone or in combination, to minimise acute procedural pain in EDs. The article is supported by definite and systemically reviewed evidence. It targets to educate the health professionals who care for children who undergo painful procedure. For children, untreated or inadequately controlled pain along with anxiety related to the procedure or the ED environment, pain is a complex experience. It can have short and long term detrimental effects.
The article discusses various techniques categorised broadly into pharmacological and non-pharmacological strategies. Other pain minimising techniques have also been described and discussed. They involved breastfeeding/breast milk, use of tissue adhesives for laceration repair, Venepuncture versus heel lance and pH adjustment of Lidocaine to minimise pain during injection. Sucrose and topical anaesthetics have been discussed in detail backed by various studies, systematic and Cochrane reviews.

In Summary:

- For Neonates, Sucrose was very effective for procedural pain relief but Breastfeeding/supplemental breast milk was found to be even superior.
- Also, venepuncture was reported to be less painful than heel lance.
- For infants, some evidence supports sucrose use and strong evidence for distraction technique.

INTENSITY OF CHRONIC PAIN – THE WRONG METRIC?

Jane C. Ballantyne, M.D., and Mark D. Sullivan, M.D., Ph.D.

Reviewer: Dr Matthew Crawford FANZCA, FPM ANZCA, FCICM. Director Pain Services, Sydney Children’s Hospital, Randwick NSW

In the late 1980s and early 1990s it was argued that opioids should be available for the management of chronic pain, as the potential for addiction would be rare. Although opioids have good short-term efficacy, there is little evidence supporting their long-term use.

The dosage of opioid used was based on the “titrate to effect” principle: the correct dose of an opioid was whatever provided pain relief, as measured by a pain-intensity scale, similar to what was used in acute pain and end of life management. The numerical rating scale of pain intensity was chosen as the chief metric.

However was the reduction in pain intensity the right goal for the treatment of chronic pain? As time went on ever increasing doses of opioids were used to drive down the pain scores.

In patients dependent upon opioids, maintaining low pain scores requires ever increasing doses, at the expense of worsening function and quality of life.

Over time however pain intensity becomes less linked to nociception and more with emotional and psychosocial factors. Suffering may be related as much to the meaning of pain as to its intensity. Persistent helplessness and hopelessness may be the root causes of suffering for patients with chronic pain yet be reflected in a report of high pain intensity. Strong support for the relationship between meaning of pain and the degree of suffering can be found in the relief of suffering that occurs because anxiety is reduced when the source of the pain is understood. The pain no longer becomes a threat, or effective treatment is known to be at hand. Most interdisciplinary and multimodal treatments recommended in the National Pain Strategy, use coping and acceptance strategies that primarily reduce the.
suffering associated with pain and only secondarily reduce pain intensity.

Patients who report the greatest intensity of chronic pain are often overwhelmed, are burdened by coexisting substance use or other mental health conditions, and need the comprehensive psychosocial support offered by multimodal treatment approaches. Reliance on pain intensity ratings tends to result in opioid treatment for patients with mental health issues or substance abuse problems. These populations are the least likely to benefit from opioid treatment and most likely to be harmed by it—a phenomenon they have termed “adverse selection”.

There is nothing more therapeutic than a conversation between a patient and a clinician, which allows the patient to be heard and the clinician to appreciate the patient’s experiences and offer empathy, encouragement, mentorship, and hope.

TRAJECTORIES OF POSTSURGICAL PAIN IN CHILDREN: RISK FACTORS AND IMPACT OF LATE PAIN RECOVERY ON LONG-TERM HEALTH OUTCOMES AFTER MAJOR SURGERY.


Reviewer: Theresa Donnelly, Hospital Scientist, Pain Research Unit, Sydney Children’s Hospital, Randwick NSW

This study examined the pain trajectories of children aged 10 to 18 years following spinal fusion or surgery for a pectus deformity (N=60). The aims of the study were to characterise pain trajectories using repeated pain measurements; identify pre surgical child and parent psychological risk factors for persistent post-surgical pain; and examine the relationships between pain trajectories and long-term health outcomes.

Self-reported baseline measures (pain characteristics, pain catastrophising, health related quality of life, activity limitations, and parental pain catastrophising) were collected via questionnaire prior to hospital attendance. Clinical data and daily pain ratings were collected in hospital, and pain, health related quality of life and activity limitation information were obtained at 2 weeks, 4 months and 1 year post surgery.

The results indicated that participants could be categorised into two distinct groups based on their observed pain trajectories – ‘early recovery’ (n=49) and ‘late recovery’ (n=11). Logistic regression analyses found that parental pain catastrophising was significantly associated with membership to the late recovery group (greater catastrophising predicting group membership). At 12-month follow-up individuals in the late recovery group also reported significantly lower health related quality of life and greater limitation on activity.

These results should be interpreted with relevant considerations in mind, specifically the possibility of parental influence on child self-report; small sample size limiting trajectory analyses; specific focus on the named surgical procedures; and narrow range of variables measured.

As noted by the authors, an understanding of psychosocial risk factors that may influence pain outcomes post-surgery and in particular the transition from acute to chronic pain is crucial in order to identify ‘at risk’ individuals and to develop and implement effective and targeted interventions.

The article presents a salient picture of how an easily identifiable pre surgery risk factor, such as parental cognition, can influence post-surgery outcomes. An understanding of the mechanisms driving this association was beyond the scope of the article. Future investigations assessing whether it is possible to address these risk factors and consequently, whether there is the expected influence on pain outcomes will usefully inform pre-emptive patient care.
The International Association for the Study of Pain (IASP) Global Year Against Pain initiative provides an ideal forum for us to explore and raise the profile of important pain issues.

This education day focuses on the 2016 IASP Global Year Against Pain the Joints, which officially launches on Monday 11th January 2016.

Who should attend:
All nurses, physiotherapists and other allied health professionals are invited to attend. This education seminar features a great line up of guest speakers, trade displays, morning tea, lunch and afternoon tea.

Speakers include: Cheryl Bester, Annie Gould, Dr Elie Khoury, Leisa Bridges, Frances Farrar, Pamela Goldspink and Jenni Robertson

Further info contact Pamela Goldspink: T: 02 6022 4245 E: goldspinkp@ramsayhealth.com.au
CALLING ALL HEALTH PROFESSIONALS!

ANNOUNCING OUR FIFTH INTER-PROFESSIONAL WORKSHOP
“MAKING SENSE OF PAIN” EXPRESSIONS OF INTEREST ARE INVITED

Date: Thursday 10th - Friday 11th March 2016.
Venue: Wylie Arthritis Centre, 17 Lemnos St. SHENTON PARK WA 6008
To register: https://www.arthritiswa.org.au/events/details/id/247/

This meeting continues to explore the diversifying science and therapeutic applications of neuromodulation in pain and other applications

When: 12 – 13 March 2016
Where: Perth Convention and Exhibition Centre, Western Australia

To register or for further information please visit,

THE PROGRAM WILL INCLUDE:
• An exciting and enticing group of international and local invited speakers
• Presentations on recent landmark research, including recent pivotal studies from the US that are evolving the quality of evidence in this space
• A special interest session for pain trainees and novice implanters
• A nursing and allied health breakout session
• A focus session on sacral stimulation

YOU ARE INVITED TO ATTEND THE ACUTE PAIN DAY PRE-CONFERENCE WORKSHOP

This workshop is aimed at anyone with an interest in acute pain management.

When: Sunday 13 March 2016, 8.45 am – 5.00 pm
Where: Perth Convention and Exhibition Centre, WA
Cost: $165 per person
Early Bird Deadline: 29 January 2016

To register or for further information please visit,
www.dcconferences.com.au/aps2016/Pre-Conference_Workshop
YOU ARE INVITED TO ATTEND THE FUNDAMENTALS OF PAIN PRE-CONFERENCE WORKSHOP

This workshop will equip participants with the basic knowledge of pain neurobiology, psychology and therapeutic agents, using an interactive case study and multimedia. This workshop is aimed at all allied health and general practitioners, or anyone wishing to update their knowledge on the pathophysiology and treatment of pain.

When: Sunday 13 March 2016, 8.30 am – 5.00 pm  
Where: Perth Convention and Exhibition Centre, WA  
Cost: $165 per person  
Early Bird Deadline: 29 January 2016

YOU ARE INVITED TO ATTEND THE PHYSIOTHERAPY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

Fear, Pain and Movement  
What it looks like, the underlying basis of it, how we measure it and practical strategies to address it in clinical practice…  
This workshop is for physiotherapists, and will explore the issue of fear avoidance as seen in a range of clinical situations. The construct of fear avoidance will be discussed, and then attendees will have to opportunity to explore specific approaches for managing fear avoidance in a clinical setting.

When: Sunday 13 March 2016, 1.30 pm – 5.00 pm  
Where: Perth Convention and Exhibition Centre, WA  
Cost: $110 per person  
Early Bird Deadline: 29 January 2016

YOU ARE INVITED TO ATTEND THE PHARMACOLOGICAL MANAGEMENT IN PAIN PRE-CONFERENCE WORKSHOP

The aim of the Pharmacological Management in Pain half-day workshop is to make a significant contribution to the optimisation of pain treatment by bringing experts together to discuss the latest scientific findings within the pain management clinical pharmacology field. The target audience for this workshop consists of clinical pharmacologists, pharmacists, industry researchers, pain specialists, paediatricians, clinical nurse consultants, government representatives and other experts with an interest in clinical pharmacology.

When: Sunday 13 March 2016, 8.30 am – 12.30 pm  
Where: Perth Convention and Exhibition Centre, WA  
Cost: $110 per person  
Early Bird Deadline: 29 January 2016
YOU ARE INVITED TO ATTEND THE PAIN IN CHILDHOOD PRE-CONFERENCE WORKSHOP

This workshop is intended for clinicians from all disciplines with an interest in pain in childhood.

When: Sunday 13 March 2016, 1.00 pm – 5.00 pm
Where: Perth Convention and Exhibition Centre, WA
Cost: $110 per person
Early Bird Deadline: 29 January 2016

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To register or for further information please visit, www.dcconferences.com.au/aps2016/Pre-Conference_Workshop

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Are you living with pain? Do you have an interest in pain?

LIVING WELL WITH PAIN Consumer Symposium & Forum

Your chance to hear leading Australian pain management experts

When: Sunday 13 March
Where: University of Notre Dame
32 Mouat St, Fremantle, WA
Time: 10.30am - 3.00pm
Tickets: $25/$15 Concession (includes light lunch)

Register online www.trybooking.com/168559 or call (02) 9694 0993

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PRESENTERS

Dr Stephanie Davies - New Pain Strategies to Rewire Your Pain
Director, WA Specialist Pain Services

Dr Nicholas Cooke - The Power In Your Pocket: Useful Phone Apps & Technology
Medical Advisor, WA Specialist Pain Services

Q&A Session - Consumer and Carer Perspective
Pip Brennan, Executive Director, Health Consumers' Council WA
Lesley Oliver, Hospital Program Coordinator, Carers WA

Professor Milton Cohen (Chair Afternoon)
Specialist Pain Medicine Physician, St Vincent’s Campus

Professor Eric Visser - Managing Neuropathic Pain
Chairman Chair of Chronic Pain Education and Research

Dr Susan Evans - Pelvic Pain: the Big Picture
Gynaecologist, Specialist Pain Medicine Physician

Consumer Forum
Chronic Pain - Ignorance and Stigma - what can be done to fix this?
Panelists - Catherine Aurubind, Susan Evans, Lesley Freedman, Vance Locke, Jane Muirhead, Tim Pery, Judith Thompson, Eric Visser, Vanessa Watson

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National Dementia Conference

Improving outcomes for people living with dementia and their families, carers and service providers.

21 – 22 March 2016 | Novotel Brisbane
Pain: Meeting the Challenge
2016 Australian Pain Society
36th Annual Scientific Meeting

13-16 March 2016 | Perth Convention and Exhibition Centre

For sponsorship and exhibition opportunities or more information please contact the APS Secretariat
DC Conferences Pty Ltd | P 61 2 9954 4400 | E aps2016@dcconferences.com.au

Call for papers opens
Tuesday 6 October 2015
Abstract submission deadline
Friday 8 January 2016
Registration opens
Monday 9 November 2015
Early bird deadline
Thursday 3 March 2016

For sponsorship and exhibition options or more information please contact: DC Conferences Pty Ltd
P 612 9954 4400 | F 612 9954 0666 | E ssa2016@dcconferences.com.au
Complementing daily physiotherapy practice, Kevin’s highly practical workshops explore the complexity of chronic pain from the well-researched model of Acceptance and Commitment Therapy (ACT). Upon completion participants will be able to identify treatment targets for those in chronic pain, and offer strategies to facilitate acceptance, mindfulness, and values-based action. Workshops combine training in clinically-applicable skills, supported by theory and research.

This is a rare opportunity to learn from Kevin, an expert clinical psychologist, and the world’s leading exponent of ACT for chronic pain. He has published over 65 papers on this topic while at the Centre for Pain Research (University of Bath) and Arthritis Research UK. He is currently Assoc. Prof. at the University of New Mexico.

Venue: Neuroscience Research Australia, Randwick, NSW
Early-bird rate: $500 until 1st January 2016
Contact: Martin Rabey FACP, (02) 9399 1870, m.rabey@neura.edu.au
Information: http://neura.edu.au/research/themes/mcauley-group/courses
ITEMS OF INTEREST FOR OUR MEMBERS


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

**Indigenous health education and guides**

**NSW Therapeutic Advisory Group**

**Medical Journal of Australia - Research**

**Four Corners**
"Wasted" by Dr Norman Swan and Jaya Balendra, aired 28SEP15: http://www.abc.net.au/4corners/stories/2015/09/28/4318883.htm

**SMH National**

**PainHEALTH website**
Phase 1 Updates released 29NOV15: http://painhealth.csse.uwa.edu.au/
Comprehensive update of all conditions and pain management content with the addition of new resources and key literature effective to OCT15 (systematic reviews; meta-analysis; RCT). Update of Further Assistance (including the addition of the Australian Pain Society Facility Directory).

**WHO Statement against regulating Ketamine**
Released 09DEC15: http://www.who.int/medicines/access/controlled-substances/recommends_against_ick/en/

**Congratulations to Prof Kathy Eagar**
2015 recipient of the Health Services Research Association of Australia & New Zealand (HSRAANZ) Professional Award:
http://croakey.org/profiling-an-award-winning-health-services-researcher-and-her-vision-for-better-health-care/

**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=PLGsL0Kp0YWFWulyKiI1oCG7NwFucLFyVU
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE (ACSQHC) RESOURCES:


Chapter 5: Opioid medicines:

NPS MEDICINEWISE RESOURCES

Chronic Pain edition issued 01JUN15:

Chronic pain communication tool:

Managing chronic pain videos with Dr Malcolm Hogg:

Choosing Wisely Update, Spring 2015:
http://www.elabs12.com/functions/message_view.html?mid=908725&mld=20420&siteid=2012000746&uid=3e29b7747d&hq=e=el&hq_m=908725&hq_t=1&hq_v=3e29b7747d

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:


Pain Management Network Multicultural report 2015:


The Scientific Program Committee (SPC) is a sub committee of the Australian Pain Society who organise the Annual Scientific Meetings (ASM). The SPC report directly to the Board of Directors of the Australian Pain Society and consists of the Chair, plus other representatives from basic science and clinical research as well as representatives from diverse professional disciplines.

The SPC is looking for someone to join their team with an acute pain background who can help guide the direction of the ASMs to ensure this area of pain is represented at Australia’s only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives.

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

Responsibilities of the SPC are:
• To determine the theme, content and international speakers
• To review the feedback from delegates at the ASM
• To invite international speakers
• To invite national speakers
• To nominate speakers for the APS named lectures
• To determine the topics and speakers for the invited topical sessions
• To ensure the program addresses relevant and current topical issues
• To ensure the committee approves any pre or post conference meetings associated with the Annual Scientific Meeting and makes a recommendation to the Board for adoption.
• To ensure the planning of the meeting meets the deadlines of the critical path
• To ensure that the planning of the conference is in line with the approved budget
• To appoint an assessment sub-group to review submitted topical sessions and submitted abstracts

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

To apply
• Please email aps2016@dconferences.com.au and include a brief biography and outline of what you would be able to bring to the committee.

APPLICATIONS CLOSE 29 FEBRUARY 2015
Pain Medicine Specialist, Melbourne

An exciting opportunity for a Pain Medicine Specialist, with interventional skills, has become available in a leading private specialty medical group based less than 15 minutes from the central business district of Melbourne, the world’s “most liveable city”, commencing in 2016 for a minimum 12 month commitment.

Our client is a multidisciplinary specialist practice providing specialist care for a wide range of spinal problems and other conditions causing pain. The group includes other pain specialists, neurosurgeons, neurologists, spinal surgeons, musculoskeletal physicians, psychologists, physiotherapists, and occupational therapists. This is a busy practice with a growing patient volume, and there are options for both part-time and full time work.

The successful applicant will have the opportunity to undertake procedural work, or obtain training in procedures including neuromodulation. You will ideally be an enthusiastic and motivated individual who will enjoy participating in an active research program, as well as an extensive outpatient management program.

Flexible remuneration options, plus an attractive bonus scheme are on offer. To be successful in this role you will have excellent communication skills, a compassionate bedside manner, and the ability to build relationships across a diverse patient range.

Applicants should have (or be eligible for) AHPRA Specialist Registration and possess the Australasian Pain Fellowship (FFPM). Final year trainees are also encouraged to apply.

Melbourne has been named the world’s most liveable city 5 years in a row. The locals are friendly, and the city’s multicultural vibe means you’ll instantly feel at home here. Whether you’re heading out for a bite to eat, exploring the parks and leafy boulevards, or checking out some of the nearby attractions like the Great Ocean Road, Melbourne has something for everyone.

International Medical Recruitment is proud to be recruiting exclusively for this role on behalf of the client. For more information or a confidential discussion please contact Senior Medical Recruitment Specialist Ms Mariko Adlercreutz on +61 3 8506 0185 or email mariko@IMRmedical.com
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The Board of The Australian Pain Society would like to sincerely thank all the members who responded to our recent Membership Survey.

We were very impressed with the response rate and look forward to sharing some of the survey insights in our next newsletter edition.

PRIZE WINNERS:

Our 2 lucky prizewinners, each winning a Gala Dinner Ticket at the Perth conference are:

1. Carol Kanowski
2. Ashley Smith
RENEWAL NOTICES FOR 2016 HAVE BEEN SENT TO MEMBERS BY EMAIL.

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

We understand that circumstances change, so each year we ask you to select your appropriate level of membership.

This system of self-reporting subscription levels was implemented in 2009 for the benefit and fairness of all members.

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

Payments can be made by Credit Card or Cheque.

Login here and renew online via the APS Website.

Your prompt renewal is greatly appreciated.
APS WEBSITE FEATURES FOR MEMBERS

MEMBERSHIP RENEWAL MESSAGE

Membership renewal confirmation.

Please be assured that the membership system will not allow you to overpay your subscriptions. When you log into the Member Only area of the website you will see the following message:

Please select the “Renew Now” button to advance. If you need to renew your subscription you will be taken to the renewal webpage:

If you have already renewed, the system will confirm this and you can select the appropriate menu from the top menu bar as per the following sample image:
8-18 Feb 2016
University of Sydney - Sydney Medical School - Pain Management Research Institute
Pain Management Multidisciplinary Workshop 2016
Kolling Building, Royal North Shore Hospital, St Leonards, Sydney, NSW

Various dates from 9 Feb-8 Mar 2016
Byron Clinic - Dr Marsha Linehan
Development & Application of Dialectical Behaviour Therapy (DBT): Practical Strategies for Practical Therapists
Various venues, Melbourne, Brisbane, Sydney, VIC, QLD, NSW

5-6 Mar 2016
Pain Association of Singapore
Annual Scientific Meeting 2016
Suntec Singapore Convention & Exhibition Centre, Singapore, Singapore

10-11 Mar 2016
Arthritis & Osteoporosis WA
Making Sense of Pain - a workshop for Health Professionals
Wylie Arthritis Centre, Perth, WA

12-13 Mar 2016
Neuromodulation Society of Australia and New Zealand
Neuromodulation: Mainstream Medicine
Perth Convention & Exhibition Centre, Perth, WA

13 March 2016
Painaustralia
Living Well with Pain Consumer Symposium & Forum
University of Notre Dame, Fremantle, WA
**CALENDAR OF EVENTS**

**13-16 Mar 2016**  
**Australian Pain Society 36th Annual Scientific Meeting**  
*Pain: Meeting the Challenge*  
Perth Convention and Exhibition Centre, Perth, WA  

**Various dates from 14-22 Mar 2016**  
**Byron Clinic – Dr Bessel van der Kolk**  
*Recognising & Resolving Traumatic Stress*  
Various venues, Sydney, Melbourne, Brisbane, NSW, VIC, QLD  

**15-17 Mar 2016**  
**Australian Healthcare & Hospitals Association AHHA**  
*6th Australian Healthcare Week*  
Australian Technology Park, Sydney, NSW  

**19-20 Mar 2016**  
**Neuroscience Research Australia**  
*A/Prof Kevin Vowles: Working with Acceptance, Mindfulness and Values in Chronic Pain: A Skills Building Workshop*  
Neuroscience Research Australia, Sydney, NSW  

**21-22 Mar 2016**  
**National Dementia Congress**  
*7th Annual Congress 2016*  
Novotel, Brisbane, QLD  

**1-3 Apr 2016**  
**Neuro Orthopaedic Institute Explain Pain 2016**  
*EP3 by the sea*  
Stamford Grand Hotel, Glenelg, Adelaide, SA  
4 Apr 2016
PainAdelaide
2016 Scientific Meeting
National Wine Centre, Adelaide, SA
http://painadelaide.org/2015/08/18/save-the-date/

7-9 Apr 2016
New Zealand Pain Society Annual Scientific Meeting
Surfing the Pain Wave
The Devon Hotel, New Plymouth, New Zealand
http://www.nzps2016.org.nz

17-19 Apr 2016
Children’s Healthcare Australasia & National Rural Health Alliance Inc
Caring for Country Kids
Alice Springs Convention Centre, Alice Springs, NT
http://www.countrykids.org.au

29 Apr 2016
Faculty of Pain Medicine (FPM)
Refresher Course Day - Extremes of Pain
Crowne Plaza, Auckland, New Zealand
http://www.fpm.anzca.edu.au/events/2016-refresher-course-day

30 Apr-4 May 2016
Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2016
Closer to the Edge
Aotea Centre, Auckland, New Zealand
http://asm.anzca.edu.au

30 Apr-4 May 2016
Australian Rheumatology Association with the Rheumatology Health Professionals Association
57th Annual Scientific Meeting
Darwin Convention Centre, Darwin, NT
http://www.araconference.com
CALENDAR OF EVENTS

**Various dates from 5-17 May 2016**
*Byron Clinic - Dr Norman Doidge*

The Brain’s Way of Healing
Various venues, Brisbane, Sydney, Melbourne, QLD, NSW, VIC
http://byronclinic.com/norman-doidge-2016/

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**20-23 May 2016**
*World Institute of Pain (WIP)*

8th World Congress
Hilton NYC, New York, USA
http://wip2016.kenes.com

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**26-29 May 2016**
*Korean Pain Society*

1st International Congress on Spinal Pain - ICSP 2016
Kimdaejung Convention Center, Gwangju, Korea
http://www.spinemeeting.org/#

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**10-11 Jun 2016**
*Occupational Therapy Australia*

Breaking Down Barriers Through Participation
Pan Pacific, Perth, WA

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**22-25 Jun 2016**
*Australian Association for Cognitive and Behaviour Therapy (AACBT)*

8th World Congress of Behavioural and Cognitive Therapies
Melbourne Convention and Exhibition Centre, Melbourne, VIC

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**29-31 Jul 2016**
*Pharmaceutical Society of Australia - PSA16*

Leading Pharmacy Innovation
Four Points by Sheraton, Darling Harbour, Sydney, NSW
http://www.psa.org.au/psa16
CALENDAR OF EVENTS

6-7 Aug 2016
PCS 2nd Annual Global Pain Conference 2016
New Gateway from East to West
Radisson Blu Hotel, Moscow, Russia

18-21 Aug 2016
Asian and Oceanian Association of Neurology: 15th Asian and Oceanian Congress of Neurology
Advanced Education in Neurology in Asian Oceania Region
Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia
http://aocn2016.com

26-28 Aug 2016
Australian Physiotherapy Association
2016 Business and Leadership Conference
Darwin, Darwin, NT

30 Aug-2 Sep 2016
Australian College of Nurse Practitioners 11th Conference incorporating 7th Aust Emergency Nurse Practitioner Symposium
The Centre of Care
Alice Springs Convention Centre, Alice Springs, NT

13-16 Sep 2016
Australian Psychological Society 2016 Congress
Psychology United for the Future
Melbourne Convention and Exhibition Centre, Melbourne, VIC

26-30 Sep 2016
International Association for the Study of Pain (IASP)
16th World Congress on Pain
Pasifico Yokohama Convention Complex, Yokohama, Japan
http://www.iasp-pain.org/Yokohama
CALENDAR OF EVENTS

29 Sep-1 Oct 2016
RACGP - GP16
Clinical, Digital, Leadership
Perth Convention & Exhibition Centre, Perth, WA

6-9 Jul 2017
IASP Pain in Childhood SIG, Malaysian Association for the Study of Pain and College of Anaesthesiologists
11th International Symposium on Pediatric Pain: Understanding Pain In Children - Take the First Step
Shangri-la, Kuala Lumpur, Malaysia
http://www.ispp2017.org

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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