Hard to know where to start?
The elder, the middle, and the younger.

In this issue we announce the retirement of an elder of Pain Management in Australia. Professor Michael Cousins, founding President of the Australian Pain Society, founding Dean of the Faculty of Pain Medicine, and former President of the Internal Association for the Study of Pain (IASP). His incredible contributions are summarised within.

In the middle, in the prime of his life Professor Michael Nicholas has become the Secretary IASP council and the youthful Professor Michele Sterling has been elected as a councillor. Congratulations to both, we hope this will foster closer links between the APS and IASP, promoting Australia as a world leader in pain management. We also applaud Professor Maree Smith on receiving the Australian Academy of Technical Science and Engineering Clunies Ross Knowledge Commercialisation Award for 2016.

In his presidents report Geoffrey Speldewinde discusses how the APS is spreading its influence though allied organisations.

Wise words from Professor Michael Nicholas as he and his colleagues have released the interim results of the WISE (Work Injury Screening and Early intervention) study. This tests a protocol for the early identification and management of injured health workers at high risk of developing persistent problems. Is there the will to apply this nationally ensuring a speedy return to work by our injured work force with less cost and distress?

Dr Marc Russo et al reports on high frequency (10 KHz) Spinal Cord Stimulation with good success and effectiveness. An option in a highly selected group of patients with persistent pain.

National Pain Week 2016 runs 25-31 July with its national ambassador cricketer Michael (‘pup’) Clark who has experienced persistent pain. The theme this year is “You look good. How do you feel?” This resonates with the slogan RU OK?

Finally, Geoffrey Speldewinde, in Spotlight on Opioids, has provided some useful links about the variation of opinion on opioid prescription and the psychology behind it. I agree that there will be increasingly emotional disagreement in the popular media that many opioids are not effective in persistent pain. I use the simplistic explanation of morphine and oxycodone activating the TLK4 receptor on glia (like a “key in a lock”), whilst buprenorphine has a big side-chain and doesn’t fit into the lock. For the complexities please read Mark Hutchinson et al publication: “Exploring the neuroimmunopharmacology of opioids: an integrative review of mechanisms of central immune signaling and their implications for opioid analgesia” Pharmacol Rev. 2011 Sep; 63(3): 772–810.

Stephanie Davies
Editor
Glorious cloudless sunny days after that ear-prickling beautiful trackless field of frost... I hope your winter can be as mind-bending as that!

There has been much happening in and around your Pain Society. The Relationships Committee has had productive meetings in which we continue to build relationships between the APS and peer organisations such as the Australian Physiotherapy Association, Australian Psychological Society, Occupational Therapy Australia, Faculty of Pain Medicine, Pharmaceutical Society of Australia, Australian College of Nurse Practitioners, RACGP, and several other clinical groups such as exercise therapists, rehabilitation providers, and counsellors. This is a means of extending the reach of your APS into these organisations at board levels to familiarise them with the Mission, Aims, and resources of the APS as they move steadily into greater recognition and management of painful conditions.

There are quarterly teleconferences with the New Zealand Pain Society and Faculty of Pain Medicine, to ensure that our activities such as conferences are mutually supportive. To this end, the APS looks forward to supporting the pending release of the wonderful online pain educational “Better Pain Management” modules later this year under the auspices of the Faculty of Pain Medicine. We look forward to working with the New Zealand Pain Society in our third conjoint Annual Scientific Meeting which will be held in Sydney in 2018. The goal, about which you will hear a lot more as the time approaches, is to aim for 1000 registrants! Given that we had over 800 registrants attend the recent ASM in Perth than this could be quite achievable and what a feat that would be!

From the perspective of Communications we continue to use media releases as a means of raising the profile of the recognition and management of pain in that forum. We have released one during this National election campaign and aim to release a second closer to Election Day.

Following feedback from our many active researchers in the “basic sciences” field from the Perth meeting, Rainer Haberberger from Adelaide with colleagues is in the process of establishing our second Special Interest Group (SIG) specifically for basic science researchers. This is an exciting development as it will provide a forum for ensuring that these aspects of the science of pain are not overlooked or overwhelmed by the clinical aspects.

We are delighted to have 2 Australians freshly elected to the board of the IASP: Professor Michael Nicholas is the secretary for 2 years, and Professor Michele Sterling is a board member for 6 years. We have conveyed congratulations to them and suggested that they work on bringing the IASP Congress to Melbourne by 2022, and continue exploring means of establishing a meaningful conjoint APS/IASP annual membership fee aiming to bring more members to both organisations and sharing the mutual benefits of each.

Talking of membership it remains disappointing that around all of the Pain Clinics in Australia there are far more non-members than members of the Australian Pain Society. There is a lot of activity occurring around Australia that is gradually raising the awareness of the needs of improved pain management and a lot of this work is being done by members of the Australian Pain Society. We would have far more clout with more members. The gains that will be made will flow through to the non-members in their professional work, without their contribution. Achieving 1000 members is quite possible; please tap any non-member colleagues on the shoulder about this. Having more members will help maintain lower subscription rates!

A couple of points of general interest:

• There is a very informative National Pain Strategy that has been developed in the United States and recently published arising from an earlier enquiry making recommendations “to increase the recognition of pain as a significant public health problem in the United States”. It is subtitled “A Comprehensive Population Health-Level Strategy For Pain” with 6 goals that are not dissimilar to the world’s first National Pain Strategy that was created in Australia in 2010.

• When reading studies of outcomes of compared pain management strategies should there not be greater use of predetermined and agreed definitions of what would be called a successful treatment (for example a NRS drop of greater than 2.5, or 30%, or for disability a Roland and Morris change of 10 or more points). This categorical data is then used to determine a success rate. A successful treatment will not have a confidence interval overlapping the unsuccessful treatment. Discuss!

Wishing you all a safe, enjoyable and productive (in all aspects) winter!
2017 Australian Pain Society 37th Annual Scientific Meeting
9 - 12 April 2017 | Adelaide Convention Centre

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

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

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

Dr Sean Mackey
Dr Judith Turner

KEYNOTE SPEAKERS

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

Professor Stephen Hunt
By Sean Mackey
By Judith Turner

The Australian Pain Society Newsletter, Volume 36, Issue 5 - July 2016
### SCHOLARSHIP FEATURE

**Current Scholars**

<table>
<thead>
<tr>
<th>PhD Scholarship Sponsor</th>
<th>Scholar</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>Janssen Cilag #2-APS-APRA</td>
<td>Sarah Kissiwaa</td>
<td>“Pain induced synaptic plasticity in the amygdala”</td>
</tr>
<tr>
<td>APS #5-APRA</td>
<td>James Kang</td>
<td>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</td>
</tr>
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</table>
## SCHOLARSHIP FEATURE

### Past Scholars

<table>
<thead>
<tr>
<th>PhD Scholarship Sponsor</th>
<th>APS #1-APRA</th>
<th>Samantha South</th>
<th>1999</th>
<th>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSL #1-APS-APRA</td>
<td>Lara Winter</td>
<td>2004</td>
<td></td>
<td>“Antinociceptive properties of the neurosteroid alphadolone”</td>
</tr>
<tr>
<td>CSL #2-APS-APRA</td>
<td>Anne Pitcher</td>
<td>2006</td>
<td></td>
<td>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</td>
</tr>
<tr>
<td>APS #2-APRA</td>
<td>Debbie Tsui</td>
<td>2008</td>
<td></td>
<td>“Preclinical studies in painful diabetic neuropathy”</td>
</tr>
<tr>
<td>Mundipharma #2-APS-APRA</td>
<td>Zoe Brett</td>
<td>2011</td>
<td></td>
<td>“Individual differences in vulnerability to the development of chronic pain following injury”</td>
</tr>
<tr>
<td>APS #3-APRA</td>
<td>Susan Slatyer</td>
<td>2013</td>
<td>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</td>
<td></td>
</tr>
<tr>
<td>APS #4-APRA</td>
<td>Amelia Edington</td>
<td>2013</td>
<td>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</td>
<td></td>
</tr>
<tr>
<td>Janssen Cilag #1-APS-APRA</td>
<td>Mary Roberts</td>
<td>Due 2016</td>
<td></td>
<td>“An Investigation of the role of sleep in chronic pain”</td>
</tr>
</tbody>
</table>
Professor Michael Cousins AO has devoted his entire career and much of his personal life to improving the lives of people living with pain. His selfless commitment to this goal over the past four decades has led to a new understanding of chronic pain as a disease in its own right.

Professor Cousin’s advocacy has prompted governments in Australia and internationally to recognise pain as a health care priority.

After completing his medical and specialist training in Anaesthesia, he undertook further studies at McGill and Stanford Universities. There he interacted with three of the pioneers in the field of Pain Medicine: Ronald Melzack, Patrick Wall and John J. Bonica. These key interactions, and others at Stanford University stimulated more than 46 years of research, teaching, clinical innovation and development of Pain Medicine in Australia and internationally.

In Australia, Professor Cousins was the Founding President of the Australian Pain Society, Chairman of the Joint Advisory Committee on Pain Medicine of several specialist colleges, which led to the formation of the Faculty of Pain Medicine (FPMANZCA) in 1999. He served as the Founding Dean of the Faculty of Pain Medicine, which is currently unique worldwide in bringing together five speciality bodies to oversee a single training program and examination leading to a specialist qualification in Pain Medicine. He also played the leading role with Faculty of Pain Medicine colleagues, in gaining recognition of Pain Medicine as a medical speciality by the Australian Government in 2005.

Professor Cousins developed two large multidisciplinary centres in Pain Medicine, at Flinders Medical Centre, Adelaide and at Royal North Shore Hospital. Both of these centres became internationally recognised for clinical care, teaching and research. Professor Cousins fostered the development of a University of Sydney Graduate Diploma and Masters postgraduate degree in Pain Management, which now enrolls students from across Australia and around the world in a web-based education program for all health professionals.

Professor Cousins chaired an NHMRC Working Party, which developed Australia’s first “evidence-based medicine” guideline on the Management of Acute Pain – now used throughout Australia and Internationally.

Internationally, Professor Cousins is the only Australian and the first Anaesthetist after the founder John J. Bonica to serve as President of the International Association for the Study of Pain (IASP). He played a major role in stimulating IASP to form an official relationship with the World Health Organisation (WHO) and to place more emphasis on cancer pain and acute pain, in addition to pre-existing emphasis on chronic pain.

In the Australian & New Zealand College of Anaesthetists (ANZCA), Professor Cousins served as the Councillor, Vice President and President. Previously he served as Chairman of the Primary Examination Committee, Chairman of the Research Committee and Member of the Education Committee. He re-organised the ANZCA Foundation and served as its Chair. Major initiatives during his Presidency were: overhauling the governance of ANZCA Council to meet ASIC requirements; appointment of a new CEO; appointment of ten taskforces, which harnessed over 100 ANZCA Fellows, leading to important ANZCA initiatives such as: a new focus on Perioperative Medicine; a major new emphasis on Quality and Safety – a joint initiative with the Australian Society of Anaesthetists and development of a detailed strategic plan to respond in a positive proactive way to the evolution of Nurse Practitioners.

Professor Cousins research has produced over 330 original papers, reviews, book chapters and editorials. Studies have been at basic, clinical and epidemiological levels. Arising from the spinal opioid research, an invited review with colleague Laurie Mather was published in Anesthesiology in 1984. This became the most cited reference over the past 60 years in the Anesthesiology literature and fifth most cited over the last 20 years in the Pain Medicine literature. Highlighting the impact of inhalation anaesthetic metabolism and toxicity in the era 1970-1990, his key paper with Richard Mazze on methoxyflurane nephrotoxicity was also in the top 100 most cited papers over the past 60 years.

In the 1990s Professor Cousins set up the Pain Management Research Institute (PMRI) Ltd which is a not for profit, community based organisation which raises funds for the research and education activities of PMRI.
Over the years PMRI Ltd has raised of the order of $0.5 to $1 M per annum.

Government, health professional and community awareness of societal, humanitarian, financial and health resource implications of the “hidden epidemic” of chronic pain, in terms of human suffering and financial costs, has been pursued nationally and internationally by Professor Cousins over the last 34 years. He has been the driving force in Australia and internationally in drawing attention to evidence that severe persistent pain becomes a “disease entity”.

Professor Cousins was instrumental in the development of Australia’s first National Pain Summit at Parliament House, Canberra in 2010. He spearheaded the formation of a new organisation, Painaustralia, which acts as an advocacy body to facilitate the implementation of the Pain Strategy. He continues to serve on the Board of Painaustralia.

In August 2010, Professor Cousins chaired the Steering Committee which developed the first International Pain Summit in conjunction with the World Congress on Pain in Montreal, Canada. An important outcome of this Summit was the: “Declaration of Montreal” which called for “Access to Pain Management as a Fundamental Human Right”. The Australian Pain Strategy has been adopted as a guide for National Pain Strategies in the USA, Canada, UK and other European countries.

In 2012 Professor Cousins became the first head of the new Academic Discipline of Pain Medicine at the University of Sydney, leading to the Inaugural Symposium on Pain for all health care students in April, 2012. In 2016 he was elected as a Fellow of the Australian Academy of Health and Medical Sciences (FAAHMS). The mission is to be an advice, support, advocacy and expert committee for health and medical sciences and an advisory group for all Government bodies.

His retirement was celebrated with a Festschrift on 19 May 2016 held at the Royal North Shore Hospital and attended by local, national and international leaders in pain management, all celebrating Professor Cousins’ many and significant lifetime achievements.
RECENT PUBLICATIONS

Thank you to APS members Marc Russo, Paul Verrills and John Salmon and colleagues for sharing the following recent publication.

HIGH FREQUENCY SPINAL CORD STIMULATION AT 10 KHZ FOR THE TREATMENT OF CHRONIC PAIN: 6-MONTH AUSTRALIAN CLINICAL EXPERIENCE

Marc Russo, MBBS, Paul Verrills, MBBS, Bruce Mitchell, MBBS, John Salmon, MBBS, Adele Barnard, PhD, and Danielle Santarelli, PhD

ABSTRACT

Objective/Background/Aims/Introduction
High frequency spinal cord stimulation at 10 kHz (HF10 therapy) represents a prominent advance in spinal cord stimulation (SCS) therapy, having demonstrated enhanced efficacy in patients with back and leg pain and pain relief without paresthesia that is sustained at 24 months post implant. The aim of this study was to report on the effectiveness HF10 SCS therapy for a wide range of intractable pain conditions in clinical practice.

Design
Retrospective investigation of clinical data.

Setting
Three Australian pain clinics.

Subjects
Two hundred fifty-six patients who trialed HF10 SCS for chronic intractable pain of various etiologies.

Methods
Two hundred fifty-six patients trialed HF10 SCS with view of a permanent implant if successful. Pain distributions included back + leg, back only, head ± neck, and neck ± arm/shoulder. About 30% of patients had previously failed traditional low-frequency paresthesia-based stimulation, while the remaining cohort were either highly refractory to treatment or not recommended by the pain physician for traditional SCS. Pain scores (numerical pain rating scale – NPRS) and functional outcome measures (Oswestry Disability Index – ODI; and activity tolerance times) were assessed at baseline, post-trial, and at 3 and 6 months post-implant as available in the medical records.

Results
Of the 256 patients, 189 (73%) reported a positive trial and were implanted. Patients with back + leg pain demonstrated the highest trial success rate (81%). A mean reduction in pain, among those for whom data were available, of 50% was sustained up to 6 months post-implant across the entire patient population. Sixty-eight percent of patients who failed traditional SCS reported a positive trial and mean pain relief at 6 months was 49% (P < 0.001). An 8.6 point reduction in ODI (21%) at 6 months and improved sitting, standing, and walking tolerances were also reported.

Limitations
As data was collected retrospectively, missing data points were unavoidable; this was primarily due to inconsistent data collection and patients being lost to follow-up. Patient populations were diverse and a control group was not appropriate in this setting.

Conclusions
These retrospective results demonstrate a significant advancement for patients suffering with chronic intractable pain and are consistent with recently published clinical results for HF10 SCS. HF10 SCS appears to be a viable, paresthesia-free alternative to traditional SCS, with high trial success rates, demonstrated effectiveness in a range of pain distributions including those typically difficult to treat with traditional SCS, and the possibility to restore pain control in patients who have previously failed traditional SCS.

Declaration
Dr Marc Russo and Dr Paul Verrills are members of the Nevro Scientific Advisory Board. Drs. Marc Russo, Paul Verrills, Bruce Mitchell, and John Salmon are all practicing interventional pain physicians and are consultants for Nevro Corp. Adele Barnard and Danielle Santarelli have nothing to declare.
HAVE YOU HAD AN ARTICLE ACCEPTED FOR PUBLICATION THIS YEAR?

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

Christin Bird, Co-Editor

AUSTRALIANS ELECTED TO IASP COUNCIL

CONGRATULATIONS TO APS MEMBERS MICHAEL NICHOLAS AND MICHELE STERLING WHO HAVE BOTH BEEN ELECTED TO THE IASP LEADERSHIP TEAM.

Three Officers, Five Councilors Elected to IASP Leadership

A record percentage of IASP members voted in May and June to elect a new slate of officers and councilors. All will begin their terms following the World Congress on Pain at the end of September. At that time, Judith Turner (USA), the current president-elect, will become president, and Rolf-Detlef Treede, the current president, will become the immediate past president. Following are the new IASP leaders:

**IASP Officers 2016 - 2018**

- President: Judith Turner (USA)
- President-Elect: Lars Arendt-Nielsen (Denmark)
- Treasurer: Allen Finley (Canada) (Four-year term: 2016 – 2020)
- Secretary: Michael Nicholas (Australia)
- Immediate Past President: Rolf-Detlef Treede (Germany)

**Newly Elected Councilors (2016-2022)**

- Sushma Bhalnagar (India)
- Serge Perrot (France)
- Andrew Rice (UK)
- Emiko Senba (Japan)
- Michele Sterling (Australia)

The newly elected councilors join Mary Cardosa (Malaysia), Karen Davis (Canada), Herta Flor (Germany), Joao Garcia (Brazil), Ian Gilron (Canada), Michael Gold (USA), Jeff Mogil (Canada), Hellen Kariuki (Kenya), Eva Kosek (Sweden), and Claudia Sommer (Germany) on the IASP Council.
Michael Nicholas, and colleagues at NSW Health, icare (Insurance & Care NSW), Employers Mutual Workers Compensation (EML), and PMRI (University of Sydney).

The interim results from this 2.5 years study were presented in November (2015) at the TMF-iCare conference in Sydney (TMF is Treasury Managed Funds, which provides the financial underpinning of all public sector workers compensation funding in NSW; icare is the new umbrella organisation for all compensation insurance in NSW). The final results will be available later this year, but so far they seem consistent with what is presented here.

Briefly, the study involves identifying (within a week of injury) injured workers who may be at risk of delayed recovery/return to work (RTW) and treating them according to a protocol supported by the key stakeholders (workplace, insurer, treatment providers, and insurance scheme regulator). Critically, this is a multi-level intervention, with no particular treatment specified. In fact, the same treatments were available to both Intervention and Control groups. It was funded by a consortium comprising the NSW Ministry of Health (MoH), icare (TMF), and EML Workers Compensation insurance, and we (PMRI/Kolling/University of Sydney) provided the research expertise.

We wanted to test out a protocol for the early management of injured health workers (with soft tissue injuries) to test whether they could be returned to work sooner and more sustainably than what was being achieved by usual care and at less overall cost. An earlier pilot trial at Concord Hospital in the mid 2000’s (and presented at the Adelaide APS meeting in 2009) showed the concept was feasible, but a larger controlled trial involving multiple hospitals was required to confirm the results.

At risk injured workers were identified by a brief screening questionnaire (for psychological risk factors – the OMPSQ-short form developed by Steven Linton and colleagues in Sweden1). This was administered to consenting workers (who had taken a medically-approved week off work) by the insurance case manager by phone within 7 days of the injury. 580 Injured health workers from 17 hospitals in the Sydney region and further south/west (all covered by one insurer, EML) were used in the study. The hospitals were divided into Intervention and Control conditions for the duration of the study.

The high risk cases from the Control hospitals were managed according to current NSW WorkCover guidelines for soft tissue injuries. In the Intervention group the high risk injured workers also had whatever treatment their GPs thought appropriate plus access to a psychologist (within 2-3 weeks of the injury) to address identified psychosocial obstacles for RTW. The participating psychologists agreed to follow the protocol and to liaise with the workplace and treating doctor at
least once a fortnight on progress with each case. The psychologists were free to employ whatever treatment they thought appropriate to the case (within 6 sessions). The injured workers in the Intervention group were also reviewed by an independent Occupational Physician (or similar) within 6-8 weeks to reassure them (and the GPs) they had a soft tissue injury and should recover quickly. A specialist physiotherapist reviewed (from case notes) any physiotherapy requests for more than one plan of 8 sessions. The Intervention workplace was also actively involved in assisting RTW via the RTW coordinator. The management at all participating Intervention hospitals and EML fully supported the process.

The recruitment finished in June 2015 and we have almost completed the 1 year follow-up data collection. Nevertheless, with most data in the results are fairly clear. This is reflected in the MoH’s decision to implement the study protocol across all public hospitals in NSW. This has started for EML-covered hospitals already (Sydney to the VIC border) and all QBE-covered hospitals (Sydney to QLD border) began the process in Feb 2016. Planning work with TMF-icare is also under way to examine extending the implementation across the whole public sector in NSW over the next year.

The results to date show that RTW is greatly enhanced in the Intervention hospitals (Mean lost days for Control hospitals was 53 vs 29 for the Intervention hospitals). Overall, 24% of injured workers screened (of 580) were identified as high risk, and average costs at 6 months were 22% less for the Intervention group over the Controls (about $4,000 per worker, so far). The insurer expects this to rise as the Control group’s costs are continuing to rise, while the Intervention group has reached a plateau (see figures to the right). The average number of sessions with the psychologists was 5 (at an average cost of about $1,000).

The two figures depict the lost work time and cumulative cost outcomes. These clearly indicate major benefits for the protocol, and the plateau effect shows these are sustained.

One of the key outcomes we are interested in is whether there is any difference between the groups in the development of chronic pain, but we won’t know this until we can get our hands on the follow-up data. On the basis of our findings we are recommending to the workers compensation regulators and insurers in NSW that the risk screening should be employed for all injured workers who take time off for their injuries and the management protocol should be applied to those who are deemed at high risk. In addition, we argue that any worker who is still off work after 3 months and reports pain is a factor should be referred for a multidisciplinary pain assessment (while they still have a job to return to).

Reference
NATIONAL PAIN WEEK 2016 (JULY 25th-31st)

The National Pain Week campaign, an initiative of Chronic Pain Australia, aims to:

• De-stigmatising the experience of chronic pain;
• Promoting current thinking that explains chronic pain to the wider Australian community;
• Creating healing relationships between the person in pain and their pain clinician/s and;
• Reducing the isolation and suffering of people in pain.

NATIONAL AMBASSADOR, MICHAEL CLARK

National Ambassador, Former Australia Cricket Captain, Michael Clarke, has lived with chronic pain most of his adult life. He is passionate about encouraging others to ask for help and to seek out strategies that help them manage their pain.

National Pain Week 2016 Conference: “YOU LOOK GOOD. HOW DO YOU FEEL?”

Venue: Westmead Hospital Lowenthal Auditorium
Date: 29th of July, all day

Attendees include both clinicians working with people living with chronic pain as well as people directly affected by the condition.

The major theme of this year’s National Pain Week conference deals with the invisibility of chronic pain. This experience continues to be a major reported issue for people living with it. The conference will be further broken down into the themes of: wellbeing and living with chronic pain, arts in health, and technology and chronic pain. #HACK4PAIN

Winners will present their app concepts.

CONFIRMED SPEAKERS INCLUDE

• Mr Michael Clarke, Ambassador National Pain Week, ex-Aussie cricket captain
• Mr Anthony Ackroyd, Comedian
• Mr Chris Puplick, Chairperson, NSW Arts in Health Taskforce
• Dr Ian Relf, Australian Medical Acupuncture College
• Professor Phillip Siddall, Pain Specialist
• Ms Petrea King, Founder, Quest for Life Foundation
• Dr Caroline West, Media GP
• Dr David Allsop, the Lambert Initiative for research into Medical Marijuana
• Dr Chris Hayes, Pain Specialist
• Professor Jeff Hughes, Inventor the Electronic Pain Assessment Tool (ePAT)
• Ms Anne-Marie Elias, @ChiefDisrupter
• Dr Helen Richards, lives with pain
• Mr. Mat McHugh, lives with pain, Sydney’s happiest amputee, media performer

We are still accepting proposals from exhibitors. Please contact Gabi Skoff at gabi@chronicpainaustralia.org.au if you are interested.
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SPOTLIGHT ON OPIOIDS

Dear Members,

Please see the links below for some varied and contrasting viewpoints on opioid use that have come to our attention.

Geoffrey Speldewinde, President

1. 31MAY16: Morphine use doubles duration of pain, increases pain severity. The University of Adelaide. Includes link to full study paper.

2. 02JUN16: “Opioid painkillers cause chronic pain” stories leave physician reader in agony. Health News Review

3. 04JUN16: Overdoses lead to warnings about opioid painkillers such as Oxycontin, Fentanyl. The SMH Good Weekend

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In 2008-2010, the Australian Pain Society, in conjunction with the Royal Melbourne Hospital (RMH) team lead by Dr Malcolm Hogg, collated information regarding the provision of persistent pain management services within Australia. This information has been subsequently published (Hogg M, MJA 2012; 196: p386), along with a more in-depth analysis of multidisciplinary staffing levels within pain services (Burke A, Pain Medicine 2015; 16: p1221).

The information gained from the “Waiting in Pain” study has formed the basis of significant political activity by the Australian Pain Society and Painaustralia seeking systematic policy approaches to the provision of pain management services. In addition, it has helped develop our Facility Directory, which reflects the development of services throughout Australia.

The Australian Pain Society (APS) has initiated an update of the Waiting in Pain Study, recognising significant gains in clinical service delivery but cognisant of ongoing gaps in the provision of care. To enable a more accurate and rapid process, we have commissioned a commercial firm (Insync) with expertise in electronic data capture and research to work alongside Dr Hogg and the team at RMH to implement an update via an electronic survey. This project has undergone ethics committee review and gained approval as a low risk project (RMH HREC QA 2016072).

Identified pain management services have now been approached via email to service leaders; we stress participation is voluntary and all data attained will be treated confidentially and de-identified for analysis. Aspects of interest include descriptions of service delivery models, staffing levels and activity: we encourage your consideration and discussion of this project, both within your own clinical practice and/or with other pain management teams.

If you wish to be involved in this important survey, please contact us.

We thank you for your ongoing membership and support of the Australian Pain Society.
SUBMISSIONS TO THE NEWSLETTER

We welcome submissions, whether brief or extended, about matters of interest to our readers - for example, reports of educational activities or articles about basic science or clinical research. Please allow time for modifications to be made to optimise a submission’s suitability for publication. In general it will be unlikely that a submission received after the 15th of each month will be published in the newsletter of the following month.

Stephanie Davies, Editor

For further information and a registration form visit acnp.org.au/awards
Registrations close Friday 8 July 2016

CLINICAL ATTACHMENT GRANTS

Please refer to our website for details and application form for Clinical Attachment Grants available to nursing and allied health professionals in non-metropolitan locations.
Share your experience of pain assessment in patients with delirium

Researchers at the University of Technology Sydney (UTS) want to find out how clinicians assess pain in persons with delirium and are inviting clinicians from all professional backgrounds to share their experience in focus groups or individual qualitative interviews. As part of a larger research programme, this study will help to develop meaningful clinical guidance for pain assessment in patients who due to delirium may have problems providing self-report of pain.

Focus groups and interviews will take place in the Sydney metro area. For clinicians from other regions, telephone interviews can be arranged. Data collection will end 31 August 2016.

If you are interested in participating or if you have further questions, please contact Prof. Thomas Fischer at Thomas.Fischer@uts.edu.au or call 02 9514 4819 or go to http://bit.ly/1Q2zD9P
ENHANCING TREATMENT ADHERENCE

1ST JULY 2016

PMRI Specialist Symposium
9 - 6pm – Charles Perkins Center Auditorium
University of Sydney, Camperdown, NSW 2000

sydney.edu.au/medicine/pmri/education/continuing/symposia.php

Pain Management in Practice

Extend your clinical skills with this interactive 2 day workshop

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

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

Melbourne 12th May 2016
Brisbane 16th June 2016
Sydney 21st July 2016

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

AUSTRALIAN ASSISTIVE TECHNOLOGY CONFERENCE
July 27-29 2016 | Jupiters Casino | Gold Coast Queensland

Collaborate, Empower, Transform
realising opportunities with assistive technology solutions

www.arata.org.au/conference2016/
For sponsorship and exhibition opportunities or more information please contact the RMSANZ Secretariat
DC Conferences Pty Ltd
PO Box 637, North Sydney NSW 2059 Australia  |  P 61 2 9954 4400
The theme Reframing Pain will cover a varied program with local and national experts addressing evolving issues in acute and chronic pain. The day provides an opportunity to network and meet others interested in pain management.

For Further Information Contact DC Conferences Pty Ltd
E: pigni2016@dcconferences.com.au T: 02 9954 4400
2017 Australian Pain Society 37th Annual Scientific Meeting
9 - 12 April 2017 | Adelaide Convention Centre

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

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

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

ISPP 2017
11th International Symposium on Pediatric Pain
Kuala Lumpur, Malaysia

Organised by

Supported by

Visit us at www.ispp2017.org
Email us at secretariat@ispp2017.org
Deadline for Workshop Proposals 15 August 2016
Deadline for Poster Abstract 31 January 2017

WHEN 6th - 9th July 2017
WHERE Kuala Lumpur, Malaysia
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

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).

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=PLGsL0Kp0YWFWuLyKi1oCG7NwFucLFyVI

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

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

Global Year Against Pain in the Joints
See our video message from APS President, Dr Geoffrey Speldewinde: https://youtu.be/E8R8q378iU?list=PLqYLGWhnzVI5qETQp2oNGocNL.EoikT1S

Research Review – MAR16

MJA articles on Pain – Volume 204, Issue 8, 02MAY16:

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 newsletters:

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:


Pain Management Network Multicultural report 2015:
http://www.apsoc.org.au/CALD-Resources


Quick Steps to Manage Chronic Pain in Primary Care:

2016 ANNUAL SCIENTIFIC MEETING, PERTH - MEDIA COVERAGE:

Refer to Twitter hashtag: #auspain2016

1. Pain management and measurement for little children with Dianne Crellin, RCH Melbourne:
   b. 10MAR16 - Weblink: http://www.abc.net.au/local/stories/2016/03/10/4422525.htm
   c. 23MAR16 - ABC Melbourne 774 Afternoons interview with Clare Bowditch (link unavailable)

2. The role of partners with Dr Toby Newton-John, UTS Sydney:
   a. 10MAR16 – ABC Perth 720 interview with Gillian O’Shaughnessy (link unavailable)

3. Chronic pain among adolescents:
   a. 10MAR16 – Dr Susie Lord, John Hunter Children’s Hospital, ABC Newcastle (link unavailable)

4. Mindfulness for managing pain:
   b. 12MAR16 – Dr Tasha Stanton and Prof Lorimer Mosely Uni SA, Dr Toby Newton-John UTS NSW and Dr Sylvia Gustin Uni NSW: Audio: https://itunes.apple.com/au/podcast/pain-on-the-brain/id73330911?i=364717951&mt=2
   c. 13 & 15MAR16 - Dr Tasha Stanton and Prof Lorimer Mosely Uni SA, Dr Toby Newton-John UTS NSW and Dr Sylvia Gustin Uni NSW: Weblink: http://www.abc.net.au/radionational/programs/allinthemind/pain-on-the-brain/7232846
   d. 15MAR16 - Georgie Davidson, Mindful Movement SA, ABC SA late afternoons interview with Annette Marner (link unavailable)
   e. 21MAR16 - Dr Tasha Stanton and Prof Lorimer Mosely Uni SA, Dr Toby Newton-John UTS NSW and Dr Sylvia Gustin Uni NSW: Weblink: http://www.abc.net.au/radionational/programs/allinthemind/what-chronic-pain-does-to-your-brain/7255032
   f. 23MAR16 - Prof Lorimer Mosely Uni SA, ABC Adelaide 891 Afternoons interview with Sonya Feldhoff (link unavailable)
   g. 30MAR16 - Georgie Davidson, Mindful Movement SA, The Courier newspaper, Adelaide Hills (link unavailable)
5. **Pain during oral surgery with Dr Claire Ashton-James, PMRI, Sydney, NSW:**

6. **Chronic Pain Management with Dr Stephanie Davies, WA, ABC Perth 720 Drive interview with Jane Marwick** (link unavailable)

7. **Digital technologies to help pain patients with Dr Helen Slater Uni WA, Jenni Johnson NSW ACI and WA patient living with persistent pain in the community Ted Witham:**
NEW MEMBERS

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
<th>Discipline Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr</td>
<td>Megan</td>
<td>Eddy</td>
<td>Musculoskeletal Medicine</td>
</tr>
<tr>
<td>Dr</td>
<td>Christine</td>
<td>Barry</td>
<td>Science Research</td>
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<tr>
<td>Prof</td>
<td>Glenn</td>
<td>King</td>
<td>Pharmacology</td>
</tr>
</tbody>
</table>

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
CALENDAR OF EVENTS

01 Jul 2016
University of Sydney - Sydney Medical School - Pain Management Research Institute
Enhancing Treatment Adherence Specialist Pain Symposium
The University of Sydney, Sydney, NSW

Various dates from 21 Jul to 17 Nov 2016
Empower Rehab
Pain Management in Practice 2 day workshop
Various venues, Brisbane, Sydney, QLD, NSW

27-29 Jul 2016
Australian Rehabilitation & Assistive Technology Association and Occupational Therapy Australia
Australian Assistive Technology Conference
Jupiters Hotel & Casino, Gold Coast, QLD

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

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
CALENDAR OF EVENTS

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

8–11 Sep 2016
Australian & New Zealand Society of Palliative Medicine ANZSPM
The changing landscape of Palliative Care
Duxton Hotel, Perth, WA

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

15–17 Sep 2016
Australian Indigenous Doctors’ Association
AIDA 2016: A journey of strength and resilience
Shangri-La hotel, The Marina, Cairns, QLD

16–18 Sep 2016
Faculty of Pain Medicine Spring Meeting
Toil and trouble: managing pain in the workplace
Adelaide Hills Convention Centre, Hahndorf, Adelaide Hills, SA
http://fpm.anzca.edu.au/events/2016-spring-meeting
CALENDAR OF EVENTS

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

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

1-2 Oct 2016
Fibromyalgia Research Symposium 2016
Official Satellite Symposium to IASP 16th World Congress on Pain
Hotel St Priere, Nagasaki, Japan
http://www.mdp.nagasaki-u.ac.jp/pain/frs2016_hp/index.html

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

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

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

21 Oct 2016
Pain Interest Group Nursing Issues (PIGNI)
Reframing Pain - Annual Professional Development Day
Le Montage, Lilyfield, Sydney, NSW

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

Society for Paediatric Anaesthesia in New Zealand and Australia
SPANZA 2016 From Vine to Vintage
Adelaide Convention Centre, Adelaide, SA
https://willorganise.eventsair.com/QuickEventWebsitePortal/2016-spanza/asm-website

8-10 Nov 2016
Lowitja Institute International Indigenous Health and Wellbeing Conference 2016
Identity Knowledge Strength
Melbourne Convention & Exhibition Centre, Melbourne, VIC
http://www.lowitjaconf2016.org.au

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

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

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

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

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

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

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

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
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