Wow – a really big thankyou to the contributors to this month’s newsletter to provide a really broad spectrum of topics, with weblinks to enable access to further details.

Ivan Lin and his colleagues Charmaine Green and Dawn Bessarab share their recent publication: ‘Yarn with me’: applying clinical yarning to improve clinician–patient communication in Aboriginal health care. Malcolm Hogg is reviewing early information from the Waiting In Pain 2 Project, and will hopefully be able to present further analysis at our ASM in Adelaide in 2017.

Lester Jones has contributed two event reviews; the first review is of a free webinar held in September 2016 by Prof Michael Nicholas on ‘Can early intervention improve outcomes for injured workers?’ - with the weblink – of course !; And the second is a summary of “Managing Irritable Bowel Syndrome in Patients with Pelvic Pain” organised by Pelvic Pain Victoria. Discussing information on gut/brain interactions including the emerging concept of the microbiome influence on stress reactivity, immunity and chronic disease (this was also a hot topic at Yokohama). Lester also has two links for information on Irritable Bowel Syndrome (IBS) and the FODMAP diet for IBS.

Meredith Craigie and Susan Evans have contributed a book review for Pelvic Pain Management by Assia T. Valosvska (Ed) for both content and likely readership for whom the book could be most beneficial.

Simon Watt has provided a summary of the 2016 APS member survey feedback, linked with the APS actions outcomes. The aim is to complete the 360-feedback loop for the 2016 survey - clearing the 2017 agenda for fresh ideas. The APS invites all members to participate in the 2017 survey to inform our direction for the next two years.

Stephanie Davies
Editor
Those who attended the IASP World Congress in Yokohama in September will have shared with others the value, learning, and warmth generated by that superb World Congress.

Twenty-four Plenaries, seventy Workshops, and 8.30am-6pm over four consecutive days, let alone pre-conference refresher courses and satellite meetings was awesome!

Some take-aways:

• Trains: If you are waiting for the 7:36 train and a train pulls in at 7:34 I recommend that you don’t take it! Your train will be there at 7:36.....

• At last there may arise a true treatment for true “neuropathic pain”, see the abstract below.

**IASP ABSTRACT:**

**LYSOPHOSPHATIDIC ACID SIGNALING IS THE DEFINITIVE MECHANISM OF NEUROPATHIC PAIN**

*Presenter: Hiroshi Ueda, Department of Pharmacology and Therapeutic Innovation Professor, Japan.*

Neuropathic pain is the most debilitating condition among varied chronic pain conditions. Clinical manifestations of neuropathic pain and nerve lesion are usually progressive. An array of incontrovertible research evidence places signaling of lysophosphatidic acid (LPA) and LPA-related molecules (i.e., autotaxin, lysophosphatidic choline, and phospholipase A2) in one of the most potent explanatory mechanisms of neuropathic pain, which demonstrates the ‘feedforward’ manner in the peripheral to central nervous system. LPA signaling acts on not only spinal neurons but also the primary afferent nerves including Schwann cells and spinal microglia and astrocytes, leading to development, maintenance and further deterioration of nerve lesion itself and neuropathic pain. Once nerve injury occurs, LPA signaling evokes de-novo LPA production in the feedforward manner, compatible with clinical manifestations (namely, progression of nerve injury and neuropathic pain).

LPA does not appear active or relevant in nociceptive pain! I refer you to my dilemma expressed in my last President’s Report.

• Australia is indeed well represented in the machinations of IASP through Australian representatives as new IASP Councillors:
  - Judith Turner - IASP President - Keynote for Adelaide, so lets claim her
  - Michael Nicholas - IASP Secretary
  - Michele Sterling - IASP Council
  - Diann Black - IASP Membership Committee

• Conjoint APS/IASP Membership Proposal: The newly invigorated IASP Council is keen to strength its ties with its Chapters. They are quite interested in re-exploring a proposal that I first put to them in 2010 as Treasurer of the Australian Pain Society of discounted subscriptions to allow APS members to access the wide range of benefits available in the IASP. The feasibility of this concept needs to be considered in detail and if the differences in our membership systems can be worked around, this will be developed most likely as a ‘world-first’ pilot project, and our upcoming Members Survey will be asking you for your opinions.
This year I have had the opportunity of comparing and contrasting three international pain meetings being that of the:

1. IASP
2. Spine Intervention Society (SIS); and
3. World Institute of Pain (WIP).

The IASP is streets ahead in terms of the breadth of scientific knowledge and exploration, and the clinical and social milieu of Pain. However, as has been the case for many years, there is a limited discussion of interventional procedures whether of high scientific quality or otherwise. The Spine Intervention Society as always has a very strong focus on application of appropriate evidence-based medicine (EBM) principles in the assessment and application of spinal interventions for pain. As an organisation it does not work directly with commercial companies, but supports and develops its own research priorities independently funded. The WIP meeting whilst also containing quality presentations (after all the meeting was scientifically convened by Clifford Woolf) did defer more to the generalities of a range of interventional procedures for a range of painful conditions, without necessarily directing scientific rigour at these procedures. WIP is also open to working directly with commercial interests.

Your Board awaits with interest:

• further developments and data from ePPOC,
• provisional information from the Waiting In Pain 2 survey of all public and private pain management clinics in Australia, which we hope you have all completed with Malcolm Hogg,
• the settling in of some recent changes to the Board of Painaustralia
• and continued close collaboration with the Faculty of Pain Medicine and all associated professional groups.

Please watch out for our 2nd Members Survey coming with your membership renewal shortly- last year’s gave your Board a lot of useful information (see the report from survey manager, Simon Watt, APS Tasmania Director) which we have used for the benefit of all. So sharpen those pencils, or blunt those fingernails or whatever....

On behalf of all hard-working members of your Board we look forward to seeing you at another exciting Annual Scientific Meeting in Adelaide in April 2017, be sure to register early (and, as they say at elections, often)!

PS. The Secretariat informs me that it takes no responsibility for that last line...

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
Registrations for APS 2017 are now open. To register please click here.

With an overriding theme of “Expanding Horizons”, APS 2017 will focus on molecular biology, neural plasticity, psychological therapies, body-behaviour-environment links, issues associated with opioid therapy and contemporary approaches to outcome assessment, plus much more. You can look forward to an extensive program including pre-conference workshops, international keynote speakers, national speakers and topical sessions.

**FOLLOW THE LINKS TO START PLANNING YOUR CONFERENCE EXPERIENCE**

- **Keynote Speakers**
- **Social Sessions**
- **Pre and Post Tours**

We look forward to welcoming you to Adelaide.

Should you have queries, please contact the **Conference Secretariat**.
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

KEYNOTE SPEAKERS

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

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

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

PLUS

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

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
ANNOUNCING THE APS/APRA/CFK
CLINICAL RESEARCH GRANT #1

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

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

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

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

In brief, the $30,000 award is to enable clinical research meeting the following criteria:

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

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

Clinical Research Grant Application forms are available online and must be submitted by 5pm on Wednesday 30 November 2016.
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<th>Topic</th>
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<td>Mundipharma #3-APS-APRA</td>
<td>Audrey Wang</td>
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<td>“An investigation of the role of the brain in recovery from CRPS, using fMRI”</td>
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<td>Janssen Cilag #2-APS-APRA</td>
<td>Sarah Kissiwaa</td>
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<td>“Pain induced synaptic plasticity in the amygdala”</td>
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<td>APS #5-APS-APRA</td>
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<td>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</td>
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<td>Seqirus #1-APS-APRA</td>
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<td>“Cannabinoids for neuropathic pain”</td>
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<td>Susan Slatyer</td>
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<td>APS #4-APRA</td>
<td>Amelia Edington</td>
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<td>Janssen Cilag #1-APS-APRA</td>
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ESSA JOINS THE APS RELATIONSHIPS COMMITTEE

By Katie Lyndon, Accredited Exercise Physiologist

As the Exercise & Sports Science Australia (ESSA) representative, I am pleased to have recently joined the Australian Pain Society Relationships Committee, strengthening connections with our peer organisations.

ESSA is a professional association representing over 6,000 members, including university qualified and accredited exercise scientists, sports scientists and exercise physiologists. ESSA’s vision is to achieve member excellence in exercise and sports science that will enrich the health and performance of every Australian.

Accredited Exercise Physiologists (AEPs) are federally recognised allied health professionals that specialise in clinical exercise interventions for patients with existing chronic and complex medical conditions or injuries, or those at high risk of developing these. These interventions are provided by exercise delivery including health and physical activity education, advice and support, and lifestyle modification with a strong focus on achieving behaviour change with the aim of optimising physical function, health and wellness. As part of a multidisciplinary team, AEPs work with clients with a range of medical conditions including cancer, diabetes, cardiovascular disease, mental illness, pulmonary disease, osteoarthritis, chronic pain, disability and obesity.

ESSA recently commissioned Deloitte Access Economics to identify the benefits of employing AEPs in chronic disease management, and in particular, identify economic benefits relating to avoided health system costs, avoided lost productivity costs and years of life saved attributed to AEP-led exercise interventions¹. The summary report, key findings included:

• Each case of depression averted through AEP-led interventions saves $10,062 annually.

• The total annual savings due to AEP exercise interventions are estimated to be $2,239 per person living with a mental health condition.

• The total lifetime burden of disease savings resulting from AEP exercise interventions in people with congestive heart failure is $11,847 per person annually.

• For people with type 2 diabetes receiving an exercise intervention, as delivered by an AEP, expected annual savings in health system expenditure is $5,107 per person.

• For people with pre-diabetes receiving an exercise intervention, as delivered by an AEP, expected annual savings in health system expenditure is $1,977 per person.

• AEP interventions reduce type 2 diabetes incidences in high risk populations by 31%.

• Clinical exercise interventions are also cost effective for chronic back pain, osteoarthritis and rheumatic diseases, achieving Benefit to Cost Ratios of 14.6, 4.0 and 4.2 respectively.

This link provides a search tool to find an AEP in your local area.

We look forward to developing the relationship between our organisations into the future.

ABSTRACT

Background
Although successful communication is at the heart of the clinical consultation, communication between Aboriginal patients and practitioners such as doctors, nurses and allied health professionals, continues to be problematic and is arguably the biggest barrier to the delivery of successful health care to Aboriginal people. This paper presents an overarching framework for practitioners to help them reorientate their communication with Aboriginal patients using ‘clinical yarning’. Clinical yarning is a patient-centred approach that marries Aboriginal cultural communication preferences with biomedical understandings of health and disease. Clinical yarning consists of three interrelated areas: the social yarn, in which the practitioner aims to find common ground and develop the interpersonal relationship; the diagnostic yarn, in which the practitioner facilitates the patient’s health story while interpreting it through a biomedical or scientific lens; and the management yarn, that employs stories and metaphors as tools for patients to help them understand a health issue so a collaborative management approach can be adopted. There is cultural and research evidence that supports this approach. Clinical yarning has the potential to improve outcomes for patients and practitioners.

What is known about the topic?
Improving communication between Aboriginal patients and practitioners is a priority. Numerous recommendations exist however there is no overarching framework to guide practitioners’ communication in clinical consultations with Aboriginal patients.

What does this paper add?
Clinical yarning is a simple, person-centred framework for practitioners to reorient their communication with Aboriginal patients. It consists of social, diagnostic and management elements. Cultural and research evidence suggests it can improve outcomes.

Conclusions
Communication between Aboriginal patients and health practitioners can be improved by reframing clinical consultations as a clinical yarn. Clinical yarning has social, diagnostic and management elements. This approach has the potential to improve relationships and outcomes for Aboriginal patients and practitioners.

Declaration
The authors declare that they have no conflicts of interest to report.
THANK YOU

In 2008-2010, the Australian Pain Society collated information regarding the provision of persistent pain management services within Australia (Waiting in Pain Study). This information was subsequently published (Hogg M. MJA 2012; 196: p386), along with a more in-depth analysis of allied health staffing levels within pain services (Burke A. Pain Medicine 2015;16: p1221), and has been beneficial in our efforts to support the development of the sector.

Earlier this year, we commissioned Insync Surveys Pty Ltd to work with us to update the Waiting in Pain (WIP) study, via a web-based survey. Data collection is nearing completion, with a few services now being approached in person to participate. Responses have been excellent, with good quality data set collated. The growth in services, both public and private, is encouraging, with recent development in paediatric services also noted. Access to pain services in rural areas remains a concern, however the uptake of telehealth connections is noted. We hope to finish information collation over the coming months, with initial analysis to be presented at our ASM in Adelaide in 2017.

On behalf of the executive, I would like to thank both members and non-members for their participation, and acknowledge the efforts taken to collate representative data. As a community of pain clinicians and researchers, we can take pride in the developments within Australia and our continued multidisciplinary nature. We hope the WIP-2 will support our ongoing efforts to promote ongoing developments at national and state levels, and can be used in a local setting to strengthen service delivery.

We will be happy to disseminate outcomes of the study as they become available. Hopefully the process has been of benefit in reflecting on your local service models and supporting you in traversing the ongoing change requirements that is now a part of providing health care in Australia.

EVENT REVIEW
PMRI FREE WEBINAR 01 SEPTEMBER 2016

By Lester Jones MScMed(PainMgt) Chair, National Pain Group, Australian Physiotherapy Association

Link to presentation: http://webconf.ucc.usyd.edu.au/p8bizgounne/

Prof Michael Nicholas presented a free webinar as part of the Pain Management and Research Institute’s visiting scholars’ program. His topic was ‘Can early intervention improve outcomes for injured workers?’

Background information included the collective research that has shown being at work is good for health and wellbeing and also the research that indicates that the longer someone is off work the less likely they are to return. Also at 6 months post injury, 84% of those not returned work feel they are not ready because of their pain and/or injury. Factors attributed by researchers (Main, Sullivan & Watson, 2008) to delayed return to work include biological, psychosocial and systemic factors – represented by assessment ‘flags’ red, yellow and blue, and black, respectively. Of note is research that has identified that severity of initial injury is not a good prognostic indicator.

He added that despite evidence that psychosocial...
influences do effect outcomes, there is evidence that guidelines are not followed and there is often little collaboration between workers, health providers, insurers and the workplace and arguably, there is a lack of the relevant skills in those managing the worker’s return to work.

Michael went on to highlight the work he did with Steve Linton to develop a short form of the Orebro Musculoskeletal Pain Screening Questionnaire and presented the consistent finding that scores of more than 50 on this version were indicative of poorer return to work outcomes. Impressively this seemed to be a valid assessment even when delivered over the telephone.

The final part of the presentation was presenting the study using early intervention for injured workers. The design employed characteristics of implementation science i.e. to include a broad range of personal and system level factors (see Consolidated Framework for Implementation Research). The employer involved was NSW Health, along with insurers Employees Mutual Insurance and icare and the NSW Ministry of Health. And the project was named the WISE study – Work Injury Screening and Early intervention.

The design enabled workers evaluated as high risk (OREBRO-SF) to access psychologists in the first 2-3 weeks after injury with the study protocol allowing up to 6 sessions. From week 3-8 the worker had a review with a physiotherapist with specialised knowledge of work-related injury/rehabilitation and an occupational physician. If workers were not returned to work by week 8/9 then a case conference was held involving all stakeholders.

For the study 366 workers were recruited to the intervention sites, where the high risk workers (141) received the intervention, and 214 to control sites where standard care was delivered. Low risk workers at the intervention site also received standard care. 80% of clients were women, possibly reflective of the employer.

Results presented were impressive to say the least. Return to work in the intervention group occurred on average at 36 days compared to 56 days in the control, and the return to work figures were more sustained across 18 months follow-up in the intervention group. Weekly costs to the insurer were consistently more with a clear plateau effect in the intervention group after 12 months compared to the control group where weekly cost continued to grow, albeit at a slowed rate. The results of the psychological intervention - which on average involved only five sessions not the allocated six – showed significant improvement in the Orebro-SF, disability, distress, self-efficacy and catastrophizing.

Michael concluded with some key statements with how we apply interventions. He described the importance of a system approach to designing the intervention, including engaging the insurer and employer, and promoted helping the worker get back to work over simply treating the injury. This study has shown that it is possible to identify those at high risk within days of the injury and that target psychosocial interventions can be effective. The key is that the stakeholders need to work cooperatively to follow the protocol.
Pelvic Pain Victoria is a fledgling collective of multi-discipline health professionals who are interested in improving the care of women and men with pelvic pain. This was their third dinner/meeting presentation.

"Managing Irritable Bowel Syndrome in Patients with Pelvic Pain"

Chair: Geoffrey Hebbard

1. Overview of IBS and Medical Management – Rebecca Bergell
2. Physiotherapy Assessment and Techniques – Angela Khera
3. Dietary Approaches – Jessica Peters
4. Psychological Therapies – Jim Kantidakis

During this evening at the RACV Club in Melbourne’s CBD the speakers highlighted similarities with IBS and pain – hypervigilance, sensitivity, over-applied protection responses.

Gut/brain interactions were explored including the emerging concept of the microbiome influence on stress reactivity, immunity and chronic disease.

Physiotherapy assessment and treatment was well described by Angela Khera – including sensitivity to rectal pressure via balloon inflation, digital examination and ‘abdominal worry lines’.

Jessica Peters, presenting on dietary approaches, explained the importance of food choices using detailed understanding of food elements/nutrients and recent research. Good information on FODMAP is easily accessible (see below).

An overview of psychological therapies by Jim Kantidakis related a breadth of potential therapies that those working in pain would be familiar with including CBT and hypnotherapy, which reflects the similarities to pain identified above.

A link to Monash FODMAP site and IBS clinic site - and some references I found interesting - below:


FODMAPs on Monash website - http://www.med.monash.edu/cecs/gastro/fodmap/


PELVIC PAIN MANAGEMENT

By Dr Meredith Craigie MBBS BMedSc, MM(PM), FANZCA, FFPMANZCA and Dr Susan Evans MBBS, FRANZCOG, FFPMANZCA
Both reviewers are directors of the Pelvic Pain Foundation of Australia.

With such a dearth of useful literature in this important and often overlooked area, the request to review a new book was an exciting opportunity. There is a desperate need for new treatment approaches, research and a co-ordinated overall plan for pelvic pain assessment and management.

The book comprises twenty chapters covering a broad range of topics, from anatomy, pain mechanisms, and pharmacology to the multidisciplinary approach to pelvic pain management. There are seven quite specific pain syndromes described, and five discipline-specific treatment modalities featured. Just one small chapter describes the frequent problem of pelvic pain in males.

With the exception of 3 authors from Columbia, the 42 authors are exclusively North American; disappointing in view of the major contributions in this field by key researchers and clinical leaders in Europe and Australia. The quoted epidemiology is exclusively North American, as is the information about medication safety in pregnancy.

With most of the chapters written independently, there is an odd mixture of information included, and variable quality of information provided. For example, chapter 3, entitled “Pain Mechanisms in Chronic Pelvic Pain” includes a section on the pharmacology of chronic pain, with details of pathophysiology repeated in other chapters. Chapter 5, entitled “Pharmacological Management of Pelvic Pain”, includes details of pathophysiology. Chapter 3 was particularly disappointing in its use of dated concepts about skin nociceptors without context, and a lack of information on mechanisms specific to pelvic pain. From a pain physician perspective, the use of terms like “pain pathways” and “painful signals” was annoying – as was mixing the use of “pain” and “noxious stimulus”. Descriptions like this fail to dispel the myth of pain existing in peripheral tissues rather than being an output of the brain, leading the reader to wonder if the authors were themselves confused about these concepts. Chapter’s 8 “Painful Bladder Syndrome” and Chapter 10 “Pudendal Neuralgia” were clearly and succinctly laid out, and a pleasure to read.

With less than one page on the autonomic nervous system, important and common symptoms like nausea, dizziness, sweating, faint feelings, fatigue and poor sleep have been overlooked. The chapter on “Dyspareunia and Vulvodynia” was inadequate for practical management of these conditions.

In the treatment specific chapters, a wide range of therapies are described. Some, such as the physical therapies are well discussed with appropriate appraisal of what evidence is available, while others, including the chapter on neuromodulation which is put forward as a mainstream treatment, would be treated more cautiously in an Australian context. The reader would be well advised to read more up to
BOOK REVIEW

PELVIC PAIN MANAGEMENT

By Dr Meredith Craigie MBBS BMedSc, MM(PM), FANZCA, FFPMANZCA, GAICD and Dr Susan Evans MBBS, FRANZCOG, FFPMANZCA

The book’s assertion that pelvic pain patients are complex, requiring a comprehensive history, assessment and multi-disciplinary approach is undoubtedly true. The book finishes on a useful and practical note, with a chapter of case studies. Each case study endeavours to provide a pathway for working through the clinical assessment of various presentations of pelvic pain. The lack of a male pelvic pain case study is unfortunate.

The print quality of the publication is basic, with black and white, often blurry figures and a smattering of distracting spelling errors.

While the book is an interesting start to learning about pelvic pain, it is difficult to determine the target audience that the authors had in mind. Specialists working in this area will find little new to excite them. Primary care health professionals will find the layout of some chapters confusing, with difficulty finding specific pieces of information, or practical management guidelines.

Despite these criticisms, this book does provide a broad coverage of pelvic pain disorders and is a reasonable introduction to someone new to this area. A more experienced healthcare professional may be better seeking additional information elsewhere.

APS RESPONSE TO
2016 MEMBER SURVEY FEEDBACK

By Simon Watt

The membership survey earlier this year provided a wealth of information to the APS Board. For the first time, the Board was able to consider a sample of members’ views when setting strategic priorities for 2016. Your feedback has been incredibly informative and we would like to take the opportunity now, before the launch of the 2017 survey, to keep you informed of the actions the board has taken to address your feedback.

COMMUNICATIONS

The 2016 survey revealed a strong desire amongst members to engage in opportunities to learn online. In response, the Board has made Annual Scientific Meeting (ASM) plenary recordings available in the members’ area of the APS website free of charge, and continues to work towards additional online learning opportunities including the Faculty of Pain Medicine “Better Pain Management” modules. You are now also able to access Centric Wealth market reports.

Our new eNews co-editor Christian Bird is contributing regular book reviews that add to already feature packed issues of this popular medium.

MEDIA/ADVOCACY

The APS continue to be active in the Media space with regular media releases in line with our media strategy. A release during the election campaign highlighted the lack of focus on chronic pain and promoted multidisciplinary management and improved resourcing for pain services. In addition, opioids, Medicare, and international health targets have been the subjects of other releases, which can be found here. The APS continue to provide financial support to Pain Australia and their substantial advocacy efforts.

A huge amount of effort and planning goes in to a comprehensive (social, print, radio, you-name-it) media strategy around the ASMs to maximise the
advocacy opportunities generated by these events and this is set to increase in 2017.

SECRETARIAT

The approval rating for the APS secretariat was very high at 93%, so you’ll be glad to hear we have retained the services of DC Conferences and the indefatigable Tracy Hallen!

ANNUAL SCIENTIFIC MEETING

In response to feedback, the Board have continued to support the discipline sub group meetings and increased the number of pre-conference workshops. This improves accessibility of these workshops to members and non-members alike. A new Basic Pain Research special interest group (SIG) launched in 2016 and is off to a flying start. There will be a Basic Pain Research pre-conference workshop, and additional scientific contribution to the planning of the next ASM.

The Board would like to thank all those who contributed to the 2016 survey, and invite all members to participate in the 2017 survey to inform our direction for the next two years.

Paediatric Pain is a Priority!

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

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

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

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

Register Here!

Unraveling the puzzle of pediatric pain:
From neurons to narratives
Featuring Dr. Maria Fitzgerald, PhD., and Dr. Ken Craig, PhD
PAIN IN CHILDREN AND ADOLESCENTS SIG SATELLITE MEETING

Trinity Wharf, 51 Dive Crescent, Tauranga, New Zealand

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

PAIN MANAGEMENT IN PRACTICE

Extend your clinical skills with this interactive 2 day workshop

1. Develop specialised assessment techniques for your clients with persistent pain
2. 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 8th September 2016
Brisbane 27th October 2016
Sydney 17th November 2016

Learn more and register at EmpowerRehab.com/Workshops or call (03) 9459 3344
CALLING ALL HEALTH PROFESSIONALS!
OUR SIXTH INTER-PROFESSIONAL WORKSHOP
"MAKING SENSE OF PAIN"
IS NOW OPEN FOR REGISTRATION
Click on this link for details: https://www.arthritiswa.org.au/events/details/id/247/

Date: Thursday 24th - Friday 25th NOVEMBER 2016.
Venue: Wyllie Arthritis Centre, 17 Lemnos St. SHENTON PARK WA 6008
This 2-Day Symposium is designed for researchers, clinicians, policy makers and anyone interested in the treatment of whiplash. The program will reflect the 2017 theme - Meeting the Challenge - and will feature distinguished international and local speakers presenting in plenary and free paper sessions.

CROWS PLAZA SURFERS PARADISE, QLD

Earlybird Registration Deadline: 30 JAN 2017
Abstract Submission: NOW OPEN

5-6 MAY 2017

Whiplash 2017
Meeting the Challenge

Specialising in Clinical Pain Management

FORMAL DEGREE COURSE (ONLINE)

Graduate Certificate, Graduate Diploma and Masters

Endorsed by the International Society for the Study of Pain (IASP), this leading degree program provides advanced evidence-based and clinically relevant education in pain management for graduates in medicine, dentistry, nursing, physiotherapy, psychology and other allied health disciplines.

The program has been developed and is taught by Sydney Medical School’s Pain Management Research Institute (PMRI), based at Royal North Shore Hospital and the University of Sydney’s Kolling Institute.

The program is conducted entirely online and commences in March or August each year, with enrolments closing either late January or late June.

For dates & further information visit: sydney.edu.au/medicine/pMRI/education
T: +61 2 9463 1516
E: paineducation@sydney.edu.au
## NEW MEMBERS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>DISCIPLINE GROUP</th>
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</thead>
<tbody>
<tr>
<td>Prof</td>
<td>Simon</td>
<td>Brookes</td>
<td>Science Research</td>
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<tr>
<td>Ms</td>
<td>Erin</td>
<td>Brown</td>
<td>Psychology</td>
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<tr>
<td>Miss</td>
<td>Andelain</td>
<td>Erickson</td>
<td>Science Research</td>
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<tr>
<td>Miss</td>
<td>Joan</td>
<td>Kelly</td>
<td>Physiotherapy</td>
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<tr>
<td>Mr</td>
<td>Alexander</td>
<td>Mueller</td>
<td>Pharmacology</td>
</tr>
<tr>
<td>Miss</td>
<td>Alma Viviana</td>
<td>Silva Guerrero</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Mrs</td>
<td>Hana</td>
<td>Starobova</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Ms</td>
<td>Lily</td>
<td>Taylor</td>
<td>Pharmacy</td>
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<tr>
<td>Mr</td>
<td>Tribikram</td>
<td>Thapa</td>
<td>Physiotherapy</td>
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<tr>
<td>Mrs</td>
<td>Ljubica</td>
<td>Trajceska</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Miss</td>
<td>Ruth</td>
<td>Wagstaff</td>
<td>Psychology</td>
</tr>
</tbody>
</table>
ITEMS OF INTEREST FOR OUR MEMBERS


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


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

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

• **Low Back Pain (LBP) in Aboriginal Australians**
A very informative series of 5 videos developed by WA Centre for Rural Health about low back pain in Aboriginal Australians: https://www.youtube.com/playlist?list=PLGSL0Kp0YWFWulyKt0oCG7NwFuc1FYVL

• **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/E8R8q378idU?list=PLgYLGHWnzVi5qETQp2oNGocNLEejKjT15

• **Treating chronic pain**

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

• **‘The psychology of chronic pain’ by A/Prof Kathryn Nicholson Perry:**

• **‘Preventing disabling chronic pain by engaging psychologists in the acute phase’ by Prof Michael Nicholas:**

• **‘Intensive pain programs: A reflection on what makes them work and for whom?’ by Dr Michael Shelley:**

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


• **Chapter 5: Opioid medicines:**

**NPS MEDICINEWISE RESOURCES**

• **Chronic Pain edition issued 01JUN15:** http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain

• **Chronic pain communication tool:**
FYI


NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:


MEMBERS ONLY AREA OF APS WEBSITE:

- APS 2016 Plenary Recordings: As an exclusive benefit to APS members, the Plenary recordings from the 2016 conference in Perth are now available for free access.

- Centric Wealth Newsletters: APS member funds are invested with Centric Wealth. Market reports are available on the Members Only Area of our website.

APS MEDIA RELEASES:

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

ADVANCED TRAINEE IN PAIN MEDICINE

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

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

The unit is currently enrolled for certification against an ISO9001 Quality Management System which is internationally recognised.
RENEWAL NOTICES FOR 2017 WILL BE SENT BY EMAIL TO MEMBERS IN LATE NOVEMBER.

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

Please note:

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

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

3. As resolved at the AGM in March 2016, fees will increase for 2017 to the following:
   a. Regular A $100
   b. Regular B $180
   c. Regular C $260
   d. Retired $60 Concessional Rate
   e. Student $60 Concessional Rate

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

Payments can be made by Credit Card or Cheque.
In order to align the invaluable feedback from our membership surveys to the APS President changeover cycle, we will again ask members to complete a survey with their 2017 membership renewal.

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

The following survey will be scheduled in two year’s time in 2019.

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

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

10-Nov-16
SickKids Hospital
Conquering the Hurt and Unravelling the puzzle of pediatric pain: From neurons to narratives
Online, Online Live Streaming, Canada

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

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

17-18 Nov 2016
Empower Rehab
Pain Management in Practice 2 day workshop
Christie Conference Centre, Sydney, NSW

20-Nov-16
Ride for Pain
2016 Ride for Pain
Circuit options, Adelaide, SA
http://www.rideforpain.org
CALENDAR OF EVENTS

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

25-Nov-16
Alberta Children’s Hospital
Unravelling the puzzle of pediatric pain: From neurons to narratives
Online, Online Live Streaming, Canada
http://www.cvent.com/events/pich2go-calgary/event-summary-59ae808d5ccc4a39a4c6ece339d3bba2.aspx

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

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

4-7 Dec 2016
Australasian Neuroscience Society 36th Annual Scientific Meeting
Take your brain south
Hotel Grand Chancellor, Hobart, TAS
http://www.aomevents.com/ANS20166

16 Feb 2017
Pain Management Research Institute, The University of Sydney
Pain Management Multidisciplinary Workshop
Royal North Shore Hospital, St Leonards, Sydney, NSW
CALENDAR OF EVENTS

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

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

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

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

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

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

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

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

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

12-May-17
Faculty of Pain Medicine (FPM)
Refresher Course Day - Big Specifics
Brisbane Convention and Exhibition Centre, Brisbane, QLD
http://fpm.anzca.edu.au/events/2017-refresher-course-day

12-16 May 2017
Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2017
Think Big
Brisbane Convention and Exhibition Centre, Brisbane, QLD
http://asm.anzca.edu.au

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

19-21 Jul 2017
Occupational Therapy Australia
Partnership, Inclusion and Innovation
Perth Convention and Exhibition Centre, Perth, WA

6-8 Sep 2017
Palliative Care Australia
Connection with Community
Adelaide Convention Centre, Adelaide, SA

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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