Our President, Geoffrey Speldewinde, highlights some areas where future discussions may need to change direction to include the new frontiers of pain. Emerging evidence from bench research, such as glial moderated immune responsive (GMIR) alloplastic pain, pain modulation pathways, right through to evidence based use of clinical diagnostic interventions.

Many thanks to the Pain in Childhood SIG for the review of three articles, from an article on opioid prescriptions among children and adolescents in the United States from 1996 to 2012; to two articles on behavioural change, pain acceptance in adults, and Adolescents’ approach-avoidance behaviour in the context of pain.

It is a challenge to keep up to date with all the exciting changes with the pain field, as well as utilising new technologies. Examples of our professional bodies also moving with the times include the FPM opioid converter app, and APS who are adding benefits to APS membership by providing easy to play online plenary lectures from 2016 ASM in Perth (see inside for details). The IASP Pain Report on-line journal, with Editor-in-Chief, Professor David Yarnitsky, who gives two of the plenary lectures you can watch online, explaining the Pain Modulation Pathways (PMP) in the new APS members’ area on www.apsoc.org.au

I am really looking forward to the APS conference in Adelaide in 2017, with good news that the topical sessions submission deadline has been extended to the 9th of September 2016. The Scientific Program Committee (SPC) which is a sub committee of the Australian Pain Society who organise the Annual Scientific Meetings (ASMs) has an EOI for individuals within the newsletter, as Stephen Gibson and Lorimer Moseley are stepping down (we thank them again for all their hard work), leaving spaces for you!!

Stephanie Davies
Editor
Spring has sprung from Parliament House, or maybe it’s a sprung spring. Suggestions about how to use these tensions to further the community recognition and awareness of pain and its efficient management gratefully received!

**ASEAPS 2017, Myanmar**

This biennial pain conference of the Association of South-East Asian Pain Societies (5 countries) will be held in Myanmar February 17-20, 2017. As we have done at the last two ASEAPS Congresses, the APS is donating a prize for the best free paper or poster at that meeting. The Award, which is much appreciated by their organisers, includes a contribution to travel and accommodation and complimentary conference registration to one of our future APS Annual Scientific Meetings. I anticipate attending this event, as have our previous President Tim Semple (2013), whose initiative this is, and Prof Stephan Schug (2015), to present this Award, and further our developing linkages with Asia. I would love to meet up with any of our members who may be attending.

**IASP World Congress 2016, Yokohama**

As always this promises to be an awesome event. There is so much packed into those 5 days and all those attending will benefit from the experience. Just by the way, if attending neuropathic pain events think carefully about what exactly is the meaning of, and clinical manifestations of, ‘neuropathic pain’. Would it be better thought of in terms of ‘high volume’ nociceptive transmission with the prime clinical manifestations being (almost) solely the features of central sensitisation? Where exactly in the c-fibre (Na channels aside) are we actually treating neuropathic pain? Express the Australian in you and agree that it may be all a ‘furphy’!? Enough said, for now.

By the way, did you see the IASP members’ information recently which showed that the country with the 3rd largest number of IASP members is Thailand? I look forward to finding out how they achieved this impressive ranking. Great effort! We hope to impress upon the IASP leadership the many benefits of convening a future World Congress on our welcoming shores.

**Our Membership**

As you all continue to encourage increased membership have a look at some interesting graphs and charts (at 29AUG16) of the age and gender distribution of our colleagues in this 37 year old organisation. This is reflected in the composition of your Board. We hope there are plenty of aspiring members out there who could be tempted to more actively participate in the evolution of Your Society.
**PRESIDENT’S REPORT**  
**SEPTEMBER 2016**  

*Dr Geoffrey Speldewinde*

**APS/NZPS 3rd Conjoint ASM, Sydney, April 2018**  
*(weekend after Easter)*

The Memorandum of Understanding between the Societies is nearing finalisation. Put this in your diary and in everyone else that you know— we are aiming for 1,000 attendees!! Need to re-balance that All Blacks scorecard...

**1000 Members...**

Whilst contemplating ‘una mille’ all current 850+ members are encouraged to inspire ‘should-be’ members to join our highly successful and highly-esteemed Society ... there will be a celebratory event and prize for the ‘1,000’ milestone. Please write in with your suggestions!

**Thought Bubbles...**

OK, so these reflect my interests and clinical experience but discuss over morning tea....

- The evidence for the greatest pain reductions, over sustained periods, in the ‘ouch’ of pain (see Davis commentary in *Pain, 2015, Nov;156(11):2164-6*; “The intensity and quality of pain certainly colors the experience and gives it meaning, but these features are secondary to the fundamental presence of the “ouch” itself that signifies primary sense of pain. The pain switch can be thought of like a light switch. There is light as long as it is turned on to keep a circuit functioning, but there is no light when the switch is turned off or the circuit is interrupted.”) Where are we in our understanding of the Pain Switch, which in my experience can arise from neurotomies, some epidurals, neuromodulation especially spinal stimulation and, dare I say it, a range of medications. Patients don’t come back, to me at least, even after years, for more CBT, Mindfulness, exercising, graded motor imagery, return-to-working stuff— it is for that other stuff... so with all the undoubted benefits of brain-based therapies, one can’t throw out the baby (i.e. non-harmful medical options) with the bathwater...

- From a current Australian Institute of Health and Welfare (AIHW) Bulletin 137 ‘Impacts of chronic back problems’ what is wrong, or right if you like, with the following *opening* sentence which one would be reasonably led to think lays out the groundwork of the otherwise informative (some interesting data) report: “Chronic back problems are long-term health conditions that include specific health conditions such as disc disorders, sciatica, and curvature of the spine, and back pain or problems that are not directly associated with a specific disease (such as osteoarthritis).” This to me is a nonsense perpetuating myths and should be relegated to ‘the dustbin of history’ along with the expression of ‘non-specific low back pain’ at least in educated audiences. The phrase should be ‘undiagnosed low back pain’. (Note: NOT ‘undiagnosable’!).

Perhaps this is because the two data sources, being the Australian Bureau of Statistics (ABS) National Health Survey (NHS) 2014–15, and the ABS 2012 Survey of Disability, Ageing and Carers (SDAC) both have poor coding of pain and pain diagnoses.

Discuss!

Wishing you all a great World Congress of Pain in Yokohama!
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

EXPANDING HORIZONS

Adelaide 2017

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

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

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

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, Radboud 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.
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<td>Mundipharma #3-APS-APRA</td>
<td>Audrey Wang</td>
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<td>Sarah Kissiwaa</td>
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<td>APS #5-APRA</td>
<td>James Kang</td>
<td>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</td>
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<td>Sherelle Casey</td>
<td>“Cannabinoids for neuropathic pain”</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>
<td>Mary Roberts</td>
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Opioid prescription misuse is a public health issue of concern in the United States and other countries, including Australia. Little attention has been given in the pain literature to this issue in children and adolescents although it is known that opioids are the most commonly abused drug in adolescents in the United States. There is an association between the increased rate of opioid prescription to adults and increased rates of opioid misuse and overdose in adults. This article says there is also an association with increased opioid prescription to adults and misuse in children and adolescents who have access to these substances at home. Data on opioid prescription to children and adolescents is lacking.

This was a cross-section analysis of data from the Medical Expenditure Panel Surveys (MEPS 1996 - 2012). The MEPS is a US set of surveys conducted by the National Center for Health Statistics and the Agency for Healthcare Research and Quality. The MEPS is a national US representative sample of civilian non-institutionalised children and adolescents across multiple outpatient settings. The MEPS has been used previously to estimate trends in opioid prescription in adults in the US. MEPS collected data on medications prescribed during outpatients visits but not during hospital in-patient visits. Medical diagnoses were collated as well as socio-demographic and health status variables.

Results
Data from 144,918 children and adolescents were analysed. Although there were significant differences in year to year opioid prescriptions, the overall trend showed stability over time in prescriptions to children and adolescents. On average, 2.86% of children and adolescents received an opioid prescription each year from 1996 to 2012. Higher rates of opioid prescription were associated with being an adolescent rather than a younger child, being white non-Hispanic and having public or private insurance from a region other than the North-eastern US. Poorer parent-reported physical and mental health was associated with a higher likelihood of prescription opioid use.

The most common opioids prescribed were: codeine, hydrocodone, and oxycodone. In 2012, most opioids were prescribed during medical provider visits for trauma (36.5%), followed by dental visits (15.7%), and visits related to procedures (13.2%). There was a relative increase of 55.8% in opioid prescriptions to family members of children and adolescents in the US from 1996 - 2012. Unfortunately, MEPS provided no information on opioid dose and duration of administration and participants were not asked on how they ultimately used the opioids prescribed.

Discussion
Even though the rates of opioid prescription for children and adolescents did not increase between 1996 and 2012, the increase in prescription to adults in the community may place children and adolescents at higher risk of opioid exposure due to a larger supply of opioids in their homes and in the community. Further research is needed to explore this association and identify potential targets for preventive strategies (e.g. adults receiving opioids for chronic pain who have small children). In addition the study demonstrates the need to explore pain management strategies among minorities and lower socioeconomic groups to improve quality and access to health care. The high rate of codeine prescription (40% in 2012) needs further exploration.

Conclusion
Whilst the outcome is interesting, more questions are raised than can be answered by this study. Comparative Australian data would be most helpful to reflect on practice in this country.
Chronic pain in individuals with physical disabilities is often refractory to biomedical treatments. Therefore there is an ongoing need to better understand adaptable factors that can impact on chronic pain in this population of patients. Pain acceptance is one such factor and is defined as a ‘willingness to experience pain while also engaging in behaviours consistent with one’s values despite pain’. In cross-sectional studies, a greater pain acceptance has been shown to be associated with less pain intensity, pain-related anxiety, avoidant behaviour, depression and physical disability. However, given previous study designs, there is limited data to support whether these changes persist with time. This article looks to address this.

The authors present data obtained from a longitudinal survey of adult patients (18 years or older) with a diagnosis of multiple sclerosis, muscular dystrophy, postpolio syndrome or spinal cord injury. The Chronic Pain Acceptance Questionnaire (CPAQ) was used as a measure of pain acceptance and was completed by participants at the time of enrolment (T1) and repeated approximately 3.5 years later (T2). Additional key outcomes including measures of pain intensity, pain interference, physical function, depressive symptoms and sleep disturbance were recorded at both time points.

**Results**

392 patients were included in the analysis. The average age of the sample was approximately 56 years of age and over half of the sample were female (62%). There were a similar number of participants with multiple sclerosis (26%), post-polio syndrome (28%) and spinal cord injury (31%), with only 15% reporting a diagnosis of muscular dystrophy. Initial pain intensity scores on average indicated moderate pain intensity levels (5.09 on a 0 – 10 pain scale).

With the use of regression analysis, every case demonstrated that initial higher levels of pain acceptance was associated with improved outcomes over the 3.5 years (eg. improvement in depressive symptoms and sleep disturbance along with less of an increase in pain intensity and pain interference). The moderating effect of pain acceptance on a change in pain intensity or change in function was not proven to be statistically significant.

**Discussion**

The findings were consistent with treatment models which theorise that pain acceptance is an adaptive stance for living with chronic pain. Indeed the findings were in the hypothesised directions, demonstrating that higher initial pain acceptance predicts subsequent improvement (or lack of deterioration) in important symptom and function domains over a 3.5 year period. This knowledge can be used in a clinical perspective, as pain acceptance may play a part in determining the trajectory of physical function in individuals with pain and disabilities. The findings also suggest that there may be a role for community-based interventions that target pain acceptance for individuals with chronic pain. This may be web-based patient-directed programs or further education for clinicians who interact with these individuals in a health-care setting. Indeed, the encouragement of pain acceptance is already a central focus to most psychosocial pain treatments and these findings provide further support for the importance of this.
One of the limitations of the study was that the effect sizes were generally weak, although given that the outcomes were measured over a 3.5 year period, there could have been many intervening factors in the domains of pain interference, depression and sleep quality. Therefore the fact that there were still significant changes over this time period (albeit weak) highlights the importance of the construct of increasing pain acceptance. Furthermore, the sample population was obtained from a concurrent longitudinal and ongoing survey of individuals with disabilities living in the community, and therefore if may not be entirely representative of the overall population of individuals with chronic pain. Finally, the study design was based on observational data and therefore cannot comment on the causal effects of pain acceptance on pain, symptoms and function.

**Conclusion**
The outcome indicates that pain acceptance may have a long-lasting beneficial effect on subsequent pain and function in individuals with chronic pain. Further research with a design that allows for evaluation of the causal effects of pain acceptance on patient function is warranted, along with research that examines the potential benefits of community-based treatments that increase pain acceptance.

**PAIN IN CHILDHOOD SIG: JOURNAL WATCH**

**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
PAIN IN CHILDHOOD SIG: JOURNAL WATCH

ADOLESCENTS’ APPROACH-AVOIDANCE BEHAVIOUR IN THE CONTEXT OF PAIN

*Fisher, E, Keogh, E, & Eccleston, C.*
*Pain, 2016: 157, 2L 370-376.*

**Reviewer:** Natasha Haynes, Nurse Practitioner, Pain Medicine, The Children’s Hospital at Westmead, Sydney.

Pain is a common experience in adolescence which is associated with lower social activity, school absenteeism and altered emotional functioning. Adolescents with chronic pain often report high levels of fear and anxiety, both generally and specifically regarding their pain. Higher anxiety levels have been associated with increased somatic complaints, poorer coping skills and disability. Anxiety is held central to the fear-avoidance model of chronic pain, where adolescents are vulnerable to missing out on developmentally important experiences such as school. Hence therapy is often guided to include social, physical and emotional tasks despite the pain.

The approach (confront)-avoidance behaviour model is a motivational method utilised to investigate behaviour, in which either high or low pain intensity conflicted with a goal, i.e.: how young people approach or avoid an activity when pain threatens an important goal. The study included adolescents 15-18yrs of age (N=170) in the UK who completed questionnaires online, on general and pain-specific anxiety, courage and dispositional avoidance. They rated goals for importance and reported how likely they would be to approach or avoid each pain. Questionnaires utilised for the study included 16 vignettes (to report how likely they were to approach or avoid each one); Child Pain Anxiety Symptoms Scale (CPASS); Avoidance-Endurance Questionnaire Scale (AEQ); and the Child Courage Questionnaire.

**Results**
Adolescents were more likely to avoid and were more fearful of high pain intensity than low pain intensity. Pain anxiety predicted higher levels of avoidance for both pain intensities. General anxiety was not a significant predictor of avoidance for either pain intensity. Goal importance promoted approach of goals, but only when pain was described as intense. When pain intensity is low and not threatening, adolescents approach all goals, rather than only those goals that are assigned higher importance. Pain anxiety did predict avoidance beyond the importance of goals for high pain intensity. There were higher levels of social avoidance with high intensity pain. The study also compared approach-avoidance of adolescents with and without chronic pain and found there were no differences in approach-avoidance behaviour.

**Implications**
The results support the integration of the fear-avoidance model within a motivational perspective to consider adolescents with pain as active participants seeking goals despite pain. The model should account for the importance of goals, the pain intensity, pain-specific anxiety, recognition of behavioural endurance and the alternative of approach behaviour despite pain. Goals are most important with high pain intensity situations which is when higher levels of social avoidance and lower goal importance could be incorporated as additional predictors of avoidance.

**Recommendations**
Pain-specific anxiety should be targeted to reduce avoidance of pain. Goals should be considered especially with high intense pain. The paediatric pain community are yet to reach consensus of which anxiety measures should be used in paediatric chronic pain treatment or research. The finding of this study supports the consideration of pain-specific anxiety measures in both research and treatment when investigating avoidance and disability.
FOGGY FROG AND THE PAIN GANG

REVIEW AND BOOK LAUNCH

This book is the first step to raise awareness of invisible illnesses with two distinct target audiences, one being children and the other, family and friends of those with chronic pain. Invisibility is one of the challenges of chronic pain, making explanation of the condition to non-sufferers, especially children, difficult. This book has been written to appeal to anyone from 2 years and up and the informational section in the back of the book is aimed at parents and teachers, providing extra information to promote discussions. The addition for parents is excellently written and the book overall a wonderful idea to help people with chronic conditions.

Christin Bird
Newsletter Co-Editor

You're invited to join Author, Megan Schartner, and Dignity for Disability MLC Kelly Vincent

24 September 2016
Saturday 1:30 pm
Burnside Library
401 Greenhill Road, Tusmore

at the Foggy Frog and the Pain Gang

Book Launch

1 in 5 people live with an invisible illness causing chronic pain & fatigue.
It can be difficult to explain these symptoms to others but Foggy Frog and the Pain Gang can help.

RSVP bit.ly/FoggyFrogLaunch
0421 429 531

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
Support Painaustralia’s #campaignforpain

By Lesley Brydon, CEO Painaustralia

Painaustralia is asking all members of the pain community to support a new advocacy and awareness raising initiative, #campaignforpain.

The campaign asks people to sign a change.org petition highlighting the plight of children in pain and calling on the Australian Government to lead a whole-of-community approach to implement the National Pain Strategy.

With a focus on the need for paediatric pain services, the #campaignforpain generated strong media interest during National Pain Week, and created an opportunity for Painaustralia to meet with government representatives in South Australia—the only mainland state without a dedicated paediatric pain service.

While enormous efforts are being made by individuals and some state governments to improve quality and access to pain services, the lack of a coordinated national approach is hindering real progress.

With growing evidence that chronic pain is such a costly health problem, it is hard to believe that government is so slow to take action to prevent the drain on services, overuse of medication, loss of productivity and increased welfare costs associated with chronic pain.

Time and again studies have highlighted the widespread inequity in access to services in lower socio-economic communities and in rural and remote areas where chronic pain is even more prevalent. We need much more equitable services for people regardless of postcode, socio-economic status or age.

The government has made it clear to Painaustralia that there is no additional money. So somehow we need to work within current policy and structures to achieve the change that is needed.

We are investing a lot of faith in the role of Primary Health Networks to address this issue in their own communities and the current MBS review offers hope that services may be made more accessible and affordable in primary care.

We need more enlightened health policy, more appropriate funding models—both Medicare and private health—and a more responsive approach by employers and Workcover insurers to ensure effective prevention and treatment of acute, chronic and cancer pain.

Underpinning all of this of course is the need for greater uptake of the high quality pain management education and training that is now available for all health professionals, and a concerted effort to embed more comprehensive pain education into undergraduate courses.

Attracting more doctors to become pain specialists may also be easier if we can improve funding and remuneration models.

All this and more may be possible if we continue the momentum that started with the National Pain Strategy. To give it a boost, we need 10,000 names on the petition.

So please help by signing our change.org petition, and ask your patients, families, friends and colleagues to do likewise.

Support people in pain.
Support the #campaignforpain
The APS Conference Scientific Program Committee is bidding farewell to two key Committee members this year and would like to publicly acknowledge their dedication and service.

Stepping down are Professor Stephen Gibson recently retired from National Ageing Research Institute, and Professor Lorimer Moseley of the University of South Australia. Professors Gibson and Moseley have served as members of the SPC for 9 and 7 years respectively and have both been instrumental in the development of the annual conference over the years, with Professor Gibson a founding member and Chair of the SPC back in 2008.

Since then, the APS annual conference has grown enormously, with registrations increasing by nearly 40%.

The APS SPC have greatly enjoyed working with Professors Gibson and Moseley over the years and would like to thank them for their enthusiasm and time invested in planning the annual conferences. Their contribution will be sorely missed and we wish them all the best.
The Scientific Program Committee (SPC) is a sub committee of the Australian Pain Society who organise the Annual Scientific Meetings (ASMs). The SPC report directly to the Board of Directors of the Australian Pain Society and consist of the Chair, plus other representatives from basic science and clinical research as well as representatives from diverse professional disciplines.

The SPC is looking for two new members to join the team who can help guide the direction of the ASMs to ensure the many areas of pain are represented at Australia’s only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives.

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

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

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

To apply
• Please email aps2017@dcconferences.com.au and include a brief biography and outline of what you would be able to bring to the committee.

APPLICATIONS CLOSE 1 OCTOBER 2016
An essential clinical tool:
• Simplifying the calculation of total oral Morphine Equivalent Daily Dose (oMEDD).
• Using evidence-based, conservative limits for opioids.
• Utilising a “traffic light” opioid dose warning system to provide a new level of clinical caution.

Useful links to further information and education about safe opioid dosing.
• Clear, simple and user-friendly format.
• For prescribers and patients alike.

Contact us at opioidcalculator.fpm@anzca.edu.au

Opioid Calculator – A new horizon in safety
Recognised in the top 20 of best medical apps released in 2015.

Developed by the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists

Download your FREE Opioid Calculator app

Download on the
App Store

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Google Play

The Australian Pain Society Newsletter, Volume 36, Issue 7 - September 2016
NEW Member Benefits

APS website features for members

Latest News

This exciting new feature is available to all members when you login to the “Members Only” area of our website.

This feature provides members with access to:

* Conference Recordings: FREE access to Plenary Session recordings from the 2016 ASM in Perth

* Centric Wealth Newsletters, for your general information only

Select the “Read more” button for more details on each page.

Refer sample images:
In response to requests received by the Scientific Program Committee of the 2017 ASM, we would like to advise that the deadline for Topical Session submissions has been extended to:

**FRIDAY 9 SEPTEMBER 2016**

View the [topical session submission guidelines](#).

Visit the [online topical session submission page](#).

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

Submissions now open!
Submission Deadline: FRIDAY 21 OCTOBER 2016

The Scientific Program Committee and Local Organising Committee for the 2017 Australian Pain Society 37th Annual Scientific Meeting are pleased to advise free paper and poster abstract submissions for APS 2017 are now open.

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

EOI for Travel Grant Applications
Delegates wishing to apply for a travel grant must:
• Be the major contributor and submitting author of the abstract;
• Complete the Travel Grant section of the abstract submission process; and
• Complete and submit the travel grant application form.

For further information, to ensure you meet the terms and conditions for travel grant applications and to complete the travel grant application form, please click here.

To view the abstract submission guidelines please click here.

To submit an abstract please click here.

We look forward to receiving your submissions!
The Rising Star Award showcases rising star pain researchers in Australia, and may be awarded annually subject to the application of suitable candidates. The Rising Star Winner will receive a return airfare, accommodation, and complimentary registration to attend the 2017 APS 37th ASM, where they will present a plenary talk to showcase their work and ideas.

Applications are now open, for further information and to apply, please click here. Applications close: FRIDAY 21 OCTOBER 2016

Eligibility criteria
- Nominees must hold a PhD, and be within 5 years of conferral by the deadline of this award application.
- Applicants can be working in any field of pain research, including basic science, biomedical, clinical and other applied or cross-disciplinary sciences.
- The selection committee will take into account personal or extenuating circumstances that might provide grounds for consideration if the above eligibility criteria are not met.
- Only individual scientists are eligible (not research teams)
- Applicants must be available to attend APS 2017, and to deliver the Rising Star presentation
- Applicants must be members of the APS (join here)
- Australian citizenship/residency, currently working in Australia and have spent at least two post-doctoral years in Australia, or have returned to continue working in Australia

Selection criteria
This award will be based on excellence in pain-related research achievement, demonstrated from the applicant’s track record, including:
- Specific research achievements or discoveries
- Research impact/application
- Collaboration achievements – independent of your supervisor
- Publication record (quality and impact of publications; e.g., H-index, standing of journals, citations)
- Grants obtained (as a Chief Investigator)
- Patents held
- Peer recognition: Awards or prizes, national profile, international profile.

Application details
To apply for the Rising Star Award please visit the conference website and complete the application form.

Submission deadline is FRIDAY 21 OCTOBER 2016
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  8th September 2016
Brisbane  27th October 2016
Sydney  17th November 2016

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

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Pelvic Pain Foundation of Australia

Seminar for Health Professionals and Physiotherapy Masterclass
15 - 16 October 2016, Adelaide

Registration

Online: www.pelvicpain.org.au
Enquiries: Michelle Williams, mwilliams@pelvicpain.org.au
For sponsorship and exhibition opportunities or more information please contact the RMSANZ Secretariat DC Conferences Pty Ltd
P 61 2 9954 4400
E rmsanz2016@dcconferences.com.au

For further information and to complete an Expression of Interest visit www.dcconferences.com.au/rmsanz2016

Abstract submission opens 22 February 2016
Abstract submission closes 30 May 2016
Registration opens 14 June 2016
Early Bird Deadline 9 September 2016

For sponsorship and exhibition opportunities or more information please contact the RMSANZ Secretariat DC Conferences Pty Ltd
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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.

 Registrations Now Open
Pain Interest Group Nursing Issues
Annual Professional Development Day
2016
Friday 21 October 2016 | Le Montage, Lilyfield NSW

For Further Information Contact DC Conferences Pty Ltd
E: pigni2016@dcconferences.com.au T: 02 9954 4400

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Whiplash 2017
Meeting the Challenge

5-6 MAY 2017

CROWNE PLAZA SURFERS PARADISE, QLD

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.

Expressions of interest online at griffith.edu.au/whiplash2017

Earlybird Registration Deadline 30 JAN 2017
Abstract Submission NOW OPEN

Launch of International Consortium | 5 May 2017
One Day Post Conference Course | 7 May 2017
Improving Recovery: Management of WAD in Primary Care

PLUS

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Improving Recovery: Management of WAD in Primary Care

PLUS

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

ISPP Registration opens on 1 November 2016
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
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=PLGsL0Kp0YWFWulyKi1oCG7NwFucLFvVLJ

ANZCA/FPM Free Opioid Calculator App
Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android:

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/E8R8g378idU?list=PLqYLGHWnzVI5qETQp2oNGocNLejKjTlS

Research Review – MAR16
Independent review of the Australian Pain Society March 2016 Annual Scientific Meeting in Perth:

MOVE muscle, bone & joint health:
• Arthritis and Osteoporosis Victoria have a long history as the leading provider of supported solutions and expert knowledge to the one-in-three Australians who live with these conditions. MOVE - the dynamic new voice of Arthritis and Osteoporosis Victoria -provides opportunities for connecting consumers, health professionals, researchers and other stakeholders across the community. MOVE will provide, share and expand expert knowledge about muscle, bone and joint conditions through research, education and training, information, policy, advocacy and support services.
http://www.move.org.au/Home

Treating chronic pain

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


Chapter 5: Opioid medicines:
FYI

NPS MEDICINEWISE RESOURCES

Chronic Pain edition issued 01JUN15:

Chronic pain communication tool:

Managing chronic pain videos with Dr Malcolm Hogg:

Choosing Wisely Australia – News & media:

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

A Framework for working effectively with Aboriginal people, NOV13:

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

Brainman and Pain Tool Kit translations, SEP15:

Pain Management Resources:

Quick Steps to Manage Chronic Pain in Primary Care:

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
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<tr>
<th>TITLE</th>
<th>FIRST NAME</th>
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<th>DISCIPLINE GROUP</th>
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<td>Sherelle</td>
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<td>Susan</td>
<td>Henderson</td>
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<td>Dr</td>
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<td>Dr</td>
<td>Cindy</td>
<td>Wall</td>
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6-7 Sep 2016
National Rural Health Alliance
5th Rural and Remote Health Scientific Symposium
Old Parliament House, Canberra, ACT

Various dates from 8 Sep to 17 Nov 2016
Empower Rehab
Pain Management in Practice 2 day workshop
Various venues, Brisbane, Sydney, QLD, NSW

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

15-16 Oct 2016
Pelvic Pain Foundation of Australia
Pelvic Pain Seminar and Physiotherapy Masterclass
Piper Alderman, Adelaide, SA

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

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

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

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
CALENDAR OF EVENTS

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/#i2016-indigenous-health-conference/sta1q

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

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*
TBA, Yangon, Myanmar
http://www.aseaps2017.com

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
CALENDAR OF EVENTS

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

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

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
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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**THE AUSTRALIAN PAIN SOCIETY**