



VOLUME 38, ISSUE 6



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

BY STEPHANIE DAVIES

It is good to see inspired debate with opposing views in this edition of the newsletter. The range of different viewpoints is modulated by research, training and clinical experience. Emerging areas are glial changes, polyvagal theory, microbiome, as well as anatomical (microscopic and macroscopic), biochemical, genomic expression, psychological, sociological and environmental models. All are useful. None are completely wrong; none are the whole picture.

Pam Macintyre wrote to us, to say that buprenorphine should not be considered to be a partial agonist for analgesia as this has never been shown in humans, and although there is a ceiling effect for respiratory depression, patients can still get it. She provided these useful references:

White LD et al, Efficacy and adverse effects of buprenorphine in acute pain management: systematic review and meta-analysis of randomised controlled trials. *Br J Anaesth*. 2018 Apr;120(4):668-678. PMID: 29576108 <https://www.ncbi.nlm.nih.gov/pubmed/29576108>

Richards S, Torre L, Lawther B. Buprenorphine-related complications in elderly hospitalised patients: a case series.

Anaesth Intensive Care. 2017 Mar;45(2):256-261. PMID: 28267949 <https://www.ncbi.nlm.nih.gov/pubmed/28267949>

Macintyre PE, Huxtable CA, Buprenorphine for the management of acute pain. *Anaesth Intensive Care*. 2017 Mar;45(2):143-146. PMID: 28267934 <https://www.ncbi.nlm.nih.gov/pubmed/28267934>

Professor Mark Hutchinson has developed painHS. The test uses light measurement tools (Hyperspectral (HS)) imaging analysis to identify the colour frequencies of molecular structures in circulating immune cells. These structures change in the presence of pain and can be identified by a change in colour. Please click the link in the FYI section rather than relying on my simplistic explanation.

One group of patients, and probably the most disadvantaged group of patients are those in Residential care. I wonder if these patients will benefit from a pain colour test in view of their multiple difficulties with communication. The second issue of "Pain in Residential Aged Care Facilities (RACFs)" is available via the APS. I found it very comprehensive and thoughtful, and I would love a review for our newsletter by practitioners who work in the front line in RACFs. Is anyone able to volunteer to write a review for our newsletter (please)?

Stephanie Davies
Editor

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LETTER TO THE EDITOR

KAL FRIED

Dear Editor,

The recent (June 2018) APS newsletter included an extended account of interventional pain management (IPM). My attention was roused by the first sentence which stated - “Interventional pain procedures are used for diagnosis and localisation of pain” and other related statements such as “a dominant anatomical pain source”.

I am confident that the author would not consider this a precise statement, but rather a simplification of a complex topic. The terrific advances in our understanding of pain, from the primary nociceptor to the brain connectome, leave no doubt that pain is not an entity or property held within the tissues of the body, nor is it transmitted. There are APS members who are among those at the forefront of this field and I imagine they gasped at reading this, just as I did. The APS has missed a trick here by perpetuating a common shortcut that was recognised to be highly problematic over 30 years ago⁽¹⁾ and remains highly problematic, and I would argue is now inexcusable⁽²⁾. In the IASPs year of excellence in pain education, I just couldn't let this one go through to the keeper because this 'shortcut' only serves to misinform readers about what pain is and how we should go about treating it.

So, are we really able to localise pain or is it more accurate to state that this element of pain management is perhaps beneficial only in localising possible nociception contributions which will vary over time and place?

While this may appear to be pedantic, this terminology feeds powerfully influential beliefs and expectations in health practitioners and patients which may be of greater importance than any sources of nociception⁽³⁾.

My interpretation of the neurobiology, which invites appropriate correction, is that pain is one of a number of protective outputs generated from central processing of an array of inputs and existing networks. Structural changes are regularly noted in asymptomatic screening and severe pain can be present with no demonstrable structural change in the region. Pain is contextual during all stages of the pain experience with all tissues capable of extraordinary adaptation. This interpretation suggests that by amplifying the significance of the nociceptive input contribution compared with other idiosyncratic and contextual factors, we may compromise re-adaptive processes by embedding the belief that there is 'damage' needing to be 'fixed', and therefore 'protected'.

To my knowledge, the higher-level evidence base for the direct, reliable and long-term effectiveness of IPM, i.e.: independent of underappreciated 'expectation' responses, is not all that impressive.

Much as there is excellent information in this article on application of IPM in a broader management approach, the reality in my world is that patients are seductively attracted to any and all offered 'fixes' to the detriment of other offered information and management. I may not be alone in this consideration⁽⁴⁾.

I often ponder these questions:

1. If there is robust evidence for the direct and reliable effectiveness of IPM techniques, why is this not reflected in higher level evidence and best evidence-based guidelines on management of eg: back pain?
2. If pain is a protective response, could there be unhelpful potential in the practice of targeting informed 'damage' to the recipient, often repeatedly?
3. Is the greater good served by empowerment of re-adaptive processes via the viewing of structural contributors in appropriate perspective, or by risking maladaptive protective processes by highlighting them with undue significance as implied by comments such as the "localisation of pain"?

References considered include:

1. Wall, P. D., & McMahon, S. B. (1986). The relationship of perceived pain to afferent nerve impulses. *Trends in Neurosciences*, 9(C), 254–255.

2. Moseley, G. L. (2012). Teaching people about pain: why do we keep beating around the bush? *Pain Management*, 2(1), 1–3. <https://www.futuremedicine.com/doi/10.2217/pmt.11.73>
3. Apkarian, A.V. (2018). Nociception, pain, consciousness, and society: A plea for constrained use of pain-related terminologies. *The Journal of Pain*. In Press, Accepted Manuscript - June. <https://www.sciencedirect.com/science/article/pii/S152659001830244X>
4. Loeser, J. D., & Cahana, A. (2013). Pain medicine versus pain management: ethical dilemmas created by contemporary medicine and business. *The Clinical Journal of Pain*, 29(4), 311–316.

Kal Fried

Sports & Exercise Physician

APS member and Pain Revolutionary
Melbourne

LETTER FROM THE EDITOR

BY STEPHANIE DAVIES

Editor's response to the letter on 'The Place of Interventional Pain Procedures' article:

I acknowledge that pain management is complex. The purpose of the publication was to provide information on procedures to people who do not perform procedures themselves. Hence, within the word count that was available, I did not have the ability to summarise all the complexity of pain concepts and management. The simplification of a complex topic relates to the unique balance of factors, for each individual, across many possible inputs, that collectively, we call "pain".

Medically, acute shingles is rarely seen in persistent pain clinics but common in general practice. The diagnosis is made anatomical, by the distribution of the vesicles (rash), and these changes are visible to the naked eye in the acute phase. Whilst in the chronic phase, post-herpetic neuralgia, we have minimal visual cues, although objective changes such as allodynia can be present, in the anatomical distribution. In the future, we may be able to image the dorsal root ganglion (or other, such as trigeminal ganglion), in living people in clinical practice, this is, dependant on researchers progressing with fMRI spinal imaging.

Surgeons also operate to fix or replace body parts, where there are anatomical inputs to pain, such as removing appendixes (for appendicitis when a patient has an inflamed appendix), performing a total hip replacement (following diagnostic LA hip injection), performing a microdiscectomy for focal disc protrusions resulting in radicular pain (often due to inflammation from chemical radiculitis). The approach of removing or replacing an anatomical body part, from which pain inputs can arise, is an anatomical solution. Utilising procedures to reduce pain inputs, prior to entering the nervous system which then modulates these pain inputs, is another alternative.

The point of interventional pain procedures is to determine if there is (or is not) a dominant contribution to a person's pain, from a specific anatomical location. To ignore, ban, or reduce funding for surgical or procedural alternatives, would result in with-holding evidence-based treatment for many patients (ourselves, and relatives included).

Example: Specific spinal pain is the opposite of non-specific low back pain

Spinal pain may have components of the four different pain types, such as inflammatory, neuropathic, nociceptive, and plastic pain. Plastic pain is a simplification of the other changeable

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pain, that I used to call Alloplastic pain or, glial-mediated immune responsive pain. Plastic pain is the amplification on anatomical pain inputs, that is likely to be proportional to the amount of glial activation from threat, lipo-polysaccharides (LPS from bacteria), older typical opioids, and other as yet unknown factors.

However, there may also be several anatomical pain sources. This is most likely when very specific movements consistently reproduce the pain. This is the opposite of non-specific low back pain. As in specific spinal pain we have specific approaches, which includes behavioural changes, low risk conventional medical options, and includes low risk targeted procedures.

A key point is that specific spinal pain excludes a diagnosis of non-specific low back pain, as this term describes pain which has not yet been diagnosed to arise from specific spinal structures, and for which treatment options are non-anatomical and often non-specific.

Key Points (reproduced from the article):

- If the patient has a dominant anatomical pain source, pain procedures can be part of the range of socio psycho-biological strategies for pain management.
- Pain medicine physicians are trained to incorporate active behavioural strategies with conventional medical options.
- Pain medicine physicians decide whether pain procedures are suitable and which procedures to perform.
- People with pain should be encouraged to undertake daily walking, simple movements, pacing activities, mindfulness meditation and threat-reduction activities before pain procedures.
- Pain cannot be localised using current imaging techniques, so pain procedures are used to help diagnose anatomical pain sources.
- Therapeutic pain procedures can provide three to 12 months of pain reduction, which can provide a therapeutic window for the patient to progress with their active behavioural pain strategies.
- If therapeutic procedures provide the patient with pain relief and the pain then recurs, a repeat procedure will usually provide similar relief if the pain sources are shown to be the same.

Timing of the procedures: the sequence of events

We also suggest trialling low risk medical options (behavioural and low risk compounds), prior to procedures. Procedures are performed on the basis that a person in pain can have specific anatomical pain sources. When people have diagnosed specific pain sources, there is usually a subsequent therapeutic procedure that provides medium-term pain relief for a few months, or long-term pain relief for years. The length of benefit increases for people who are already engaged with a good movement physiotherapist, doing a daily walk, pacing their activities, and engaged in addressing their stress – anxiety – mood – sleep issues.



In our experience, combining behavioural options prior to procedures (prehabilitation), improves the positive effects of the procedure, and prolongs the length of benefit, so that for some people, their pain doesn't return. We try not to do procedures on people as a "stand alone" fix it, to avoid the situation that when the procedure wears off, the person is back in the same situation as prior to the procedure.

I summarised my views above with the following statement, "This article presents a simplified version of anatomical pain and how interventional procedures are used. In clinical practice and research, healthcare professionals and patients need to be aware that the clinical reality is not always straightforward".

The references for the original article included 6 systematic reviews, and 2 guidelines / consensus statement. The following references relate to the complexity of pain:

1. Vallejo R, Tilley DM, Williams J, Labak S, Aliaga L, Benyamin RM. Pulsed radiofrequency modulates pain regulatory gene expression along the nociceptive pathway. *Pain Physician* 2013; 16: E601-613.
2. Yeh CC, Sun HL, Huang CJ, et al. Long-term anti-allodynic effect of immediate pulsed radiofrequency modulation through down-regulation of insulin-like growth factor 2 in a neuropathic pain model. *Int J Mol Sci* 2015; 16: 27156-27170.
3. Wu B, Ni J, Zhang C, Fu P, Yue J, Yang L. Changes in spinal cord met-enkephalin levels and mechanical threshold values

of pain after pulsed radio frequency in a spared nerve injury rat model. *Neurol Res* 2012; 34: 408-414.

4. Yeh CC, Wu ZF, Chen JC, et al. Association between extracellular signal-regulated kinase expression and the anti-allodynic effect in rats with spared nerve injury by applying immediate pulsed radiofrequency. *BMC Anesthesiol* 2015; 15: 92.
5. Parkin-Smith GF, Davies SJ, Amarin-Woods LG. Looking ahead: chronic spinal pain management. *J Pain Res* 2017; 10: 2089-2095

ASSISTANT NEWSLETTER EDITOR EOI

We are calling for Expressions of Interest to fill the role of Assistant Newsletter Editor.

Primarily the duties of the Assistant Editor are to:

- Assist with the scientific content and strength of the newsletter (book reviews and recent publications)
- Act as second reviewer for the newsletter content
- Be the senior editor when the editor is unavailable and/or on rotation

We issue 10 editions each year and have 4 more newsletters scheduled through to December 2018.

Please send your EOI via the [APS Secretariat](#) in the first instance.

Stephanie Davies
Editor

TOPICAL SESSION SUBMISSIONS NOW OPEN



2019 Australian Pain Society 39th Annual Scientific Meeting:

In the IASP Global Year Against Pain in the most Vulnerable

7 - 10 April 2019

Gold Coast Convention and
Exhibition Centre, QLD

On behalf of the Scientific Program Committee and the Local Organising Committee, we are pleased to advise topical session submissions for APS 2019 are now open.

The deadline for Topical Session submissions is:

FRIDAY 21 SEPTEMBER 2018

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

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



**2019 Australian Pain Society
39th Annual Scientific Meeting:**
In the IASP Global Year Against Pain in the most Vulnerable



THE AUSTRALIAN PAIN SOCIETY

7 – 10 April 2019 Gold Coast Convention and Exhibition Centre, QLD

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For sponsorship and exhibition opportunities or more information please contact the APS Conference Secretariat
DC Conferences Pty Ltd
P: 61 2 9954 4400
E: aps2019@dconferences.com.au

Submission Deadlines

Topical Sessions	21 September 2018
Free Papers & Posters	31 October 2018
Rising Star Award	31 October 2018
Early Bird Registration	22 February 2019

Join us online - #auspain19 www.dconferences.com.au/aps2019




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- Topical Sessions
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- Discipline Sub Group Meetings
- Sponsored Sessions
- Welcome Reception
- Conference Gala Dinner



THE AUSTRALIAN PAIN SOCIETY



Professor Beth Darnall

Professor Beth Darnall, PhD is Clinical Professor in the Department of Anesthesiology, Perioperative and Pain Medicine at Stanford University. She is principal investigator for \$13M in federally funded pain and opioid reduction research projects that test the effectiveness and mechanisms of psychological strategies in individuals with chronic pain. She investigates mechanisms of pain catastrophising, targeted pain psychology treatments she has developed, prevention of post-surgical pain, and patient-centered outpatient opioid tapering.



Dr Nanna Finnerup

Dr Nanna Brix Finnerup (MD, DrMedSc) is Professor in pain research at the Danish Pain Research Centre, Department of Clinical Medicine, Aarhus University, Denmark. Since 1998 she has worked at the Danish Pain Research Center at Aarhus University. She obtained her degree of Doctor of Medical Sciences from Aarhus University in 2008, and is currently Professor at the Danish Pain Research Center. Her main research interest is the pathophysiology and therapy of neuropathic pain.



Professor Tor Wager

Tor Wager is Professor of Psychology, Neuroscience, and Cognitive Science at the University of Colorado, Boulder. Since 2010, he has directed Boulder's Cognitive and Affective Neuroscience laboratory. Much of the lab's work centers on the neurophysiology of pain and emotion and how they are shaped by cognitive and social influences. In particular, he is interested in how thoughts and beliefs influence affective experiences, affective learning, and brain-body communication.

FACULTY OF PAIN MEDICINE

PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain.

CALL FOR FEEDBACK

The Faculty of Pain Medicine (FPM) has promulgated a revised position statement on medicinal cannabis [PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain.](#)

This revised professional document is being piloted and will be reviewed again in December 2018. The FPM welcomes feedback during this time.

Please provide your feedback to Penny McMorran, Professional Affairs Co-ordinator via email: painmed@anzca.edu.au and copy the APS Secretariat: aps@apsoc.org.au

MAKING SENSE OF PAIN: AN INTERDISCIPLINARY WORKSHOP FOR HEALTH PROFESSIONALS

by **Melanie Galbraith, John Quintner and Jennifer Persaud**

Our 8th workshop was our most successful yet. We attracted 26 registrants: 18 physiotherapists; 2 psychologists; 2 nurses; and one each from general practice, occupational therapy, podiatry and rehabilitation. Registration was affordable, thanks to Arthritis & Osteoporosis WA (AOWA) and WA Health Department for their sponsorship. Formal feedback indicates that all learning goals that we had set for participants were achieved.

We plan to attract more general practitioners to our next workshop by offering CE points through AOWA's agreement with the Royal Australian College of General Practitioners.

Our five new Pain Champions thoroughly enjoyed the novel experience and their expectations were met. It was the first opportunity for them to learn of the practical difficulties often faced by health care professionals when delivering their services. All agreed that obtaining accurate information and advice on self-management of their painful condition(s) remained unmet needs in the community.

The enthusiastic support we received from Ric Forlano, CEO of AOWA, and from Jennifer Persaud and her team at AOWA considerably

lightened the administrative load that we had previously both been carrying.

MELANIE GALBRAITH AND JOHN QUINTNER



Impressions from Ms Jennifer Persaud, Manager, Health, Education and Research (AOWA)

As an experienced Physiotherapist, I wanted to engage in pain education that would extend beyond the basics and provide an up to date, evidence-based learning opportunity. I was already aware of the Making Sense of Pain (MSOP) course as it is organised and hosted by my employing organisation - Arthritis and Osteoporosis Western Australia (AOWA). After exploring the course further, I enrolled in it, hopeful that it would meet my learning needs.

The MSOP course ran at AOWA's Shenton Park location on 21st to 22nd June 2018. The speakers formed an impressive line-up of clinicians and academics from various speciality areas and professions. Speakers used a variety of teaching styles and modalities to inform course participants across a range of topics, with highlights including:

- making a rational pain diagnosis;
- role of the multi-disciplinary team;
- engaging in ethical discourse with patients in pain;
- effectiveness of medical treatment for persistent pain;
- role of the dysregulated stress response system in chronic pain;
- motivational interviewing;
- providing an accurate explanation for patients with persistent pain;
- impact of chronic pain across social, psychological, medical and functional domains; and
- use of validated assessment tools and outcome measures for those experiencing persistent pain.

Most of the concepts were not entirely new to me; however, the information was presented in an interesting and thought provoking way. One lecture in particular (the role of the dysregulated stress response system in chronic pain) unravelled and demystified complex neurophysiological processes involved in chronic pain. I now have confidence that I will be able to translate this information

in the clinical setting to provide patients with a credible explanation behind their ongoing pain.

Another helpful insight was afforded through the review of pain terminology according to the International Association for the Study of Pain (IASP). Revision of the definitions provided clarity about the different types of pain and their underlying mechanisms which helped to form a useful construct to aid appropriate treatment planning.

I really appreciate that the course aimed to assist clinicians to apply learning in practice. An example was a Psychologist-led session which taught strategies to engage with patients who may feel stigmatised and alienated by their pain predicament. Simple counselling interventions were introduced that can be easily applied in the clinical environment.

MAKING SENSE OF PAIN GROUP PHOTO



A great strength of the course was its ability to attract people from diverse backgrounds. This provided a useful opportunity to learn about the skills that Allied Health, Medical, Nursing and other professionals bring to the management of chronic pain. It also presented ideal

conditions for networking to occur, to enable continued discussion, interaction and learning. Of interest, was the consistent theme communicated by participants, that the course content is not limited to chronic pain as it is applicable across many clinical speciality areas.

It was not just the mustering of Health Professionals that left me with a good impression of the course. Indeed, the authentic examples given through the lived experience of patients with chronic pain who have become “Pain Champions” provided particularly helpful insights. Specifically, an afternoon was dedicated to break out group sessions where Pain Champions shared their stories with course participants.

KATHLEEN DONALD, PAIN CHAMPION WITH DELEGATES



The opportunity to be liberated from the usual constraints of time, cost and resource enabled me to apply the skills learnt on the course and engage in active listening. Taking an inductive approach to the discourse between patient and health professional during the history taking was interesting and enlightening. The Pain Champions did not require prompts; rather, they spoke freely about their

journey. In doing so, they problem-solved along the way and described strategies to aid self-management of their condition. The Pain Champions also revealed impressions of their care journey and the professionals involved. This was both encouraging and confronting, and provided an opportunity for learning, reflection and improvement as a clinician.

In summary, my overall impression of the course was a good one. I have come away having learnt new information and skills, as well as the confidence to apply learning in practice. I would recommend this course to any health professional seeking to improve their capabilities in the assessment and management of patients with persistent musculoskeletal pain. This course is likely to have particular appeal to clinicians who appreciate the biopsychosocial approach and value the concept of multi-disciplinary, patient-centred care to assist those with persistent musculoskeletal pain.

PLENARY VIDEOS NOW AVAILABLE

FREE TO APS MEMBERS

Login to the APS Website [Members Area](#)

If you would like to purchase recordings of other APS—NZPS2018 sessions, please use the [EverTechnology online order form](#).

Check out our [brief promotional video](#).



Australian Pain Society 38th and
New Zealand Pain Society
Conjoint Annual Scientific Meeting
International Convention Centre Sydney
8 - 11 April 2018

CURRENT SCHOLARS

CURRENT SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	TOPIC
Seqirus #1 — APS — APRA	Sherelle Casey	<i>“Cannabinoids for neuropathic pain”</i>
Cops for Kids #1 — APS — APRA	Dr Adrienne Harvey	<i>“A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy”</i>
Cops for Kids #2 — APS — APRA	Dr Tasha Stanton	<i>“Reframe the pain: Dividing attention and altering memory to reduce needle pain and distress in children”</i>

PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
APS #1-APRA	Samantha South	1999	<i>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</i>
CSL #1-APS-APRA	Lara Winter	2004	<i>“Antinociceptive properties of the neurosteroid alphadolone”</i>
CSL #2-APS-APRA	Anne Pitcher	2006	<i>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</i>
Mundipharma #1-APS-APRA	Kathryn Nicholson Perry	2007	<i>“Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain”</i>
APS #2-APRA	Debbie Tsui	2008	<i>“Preclinical studies in painful diabetic neuropathy”</i>
Mundipharma #2-APS-APRA	Zoe Brett	2011	<i>“Individual differences in vulnerability to the development of chronic pain following injury”</i>
APS #3-APRA	Susan Slatyer	2013	<i>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</i>
APS #4-APRA	Amelia Edington	2013	<i>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</i>
Janssen Cilag #1-APS-APRA	Mary Roberts	Due	<i>“An investigation of the role of sleep in chronic pain”</i>
Mundipharma #3-APS-APRA	Audrey Wang	2017	<i>“The cortical integration of tactile sensation in complex regional pain syndrome”</i>
Janssen Cilag #2-APS-APRA	Sarah Kissiwaa	2017	<i>“Pain induced synaptic plasticity in the amygdala”</i>
APS #5-APRA	James Kang	Due 2018	<i>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</i>



THE
AUSTRALIAN
PAIN SOCIETY



ANNOUNCING THE APS/APRA/CFK CLINICAL RESEARCH GRANT #3

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 our partnership with Cops For Kids, for the second [Clinical Research Grant Program](#).

In brief, the 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;
- 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 MONDAY 10 SEPTEMBER 2018.



FUNDING FOR WOMEN'S LEADERSHIP & MANAGEMENT DEVELOPMENT

Scholarships of \$3,000 - \$8,000 available to women working in the health and wellbeing sector

Expressions of interest close on Friday, 7th September 2018.

More information or to register: wla.edu.au/health



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EXPERT DATABASE

Basic Pain Research



AUSTRALIAN PAIN SOCIETY
SPECIAL INTEREST GROUP

Thank you to those who have already contributed to the **BPR SIG Expert Database Survey**.

To view the results and complete the survey, login to the APS Website [Members Area](#) and check out the Latest News section.

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.

NOMINATION FOR AUSTRALIAN PAIN SOCIETY DISTINGUISHED MEMBER AWARDS – 2019

The Board of Directors is seeking nominations from all APS members for candidates to be considered for the Distinguished Member Award/s to be presented at the APS 39th Annual Scientific Meeting to be held on the Gold Coast from 7-10 April 2019.

ELIGIBILITY CRITERIA

CANDIDATES MUST BE AUSTRALIAN PAIN SOCIETY MEMBER/S WHO HAVE:

- Made major contribution towards the Society, and
- Significantly contributed to the science of pain management, and/or
- Played a significant clinical, educational or research role in the field of Pain Management in Australia

NOMINATION GUIDELINES:

- A 'Nomination for Distinguished Member Award' form must be completed
- As a guide, it is desirable that nominees have held continuous APS membership for over 10 years
- Nominations must include an 800-900 word biography of the nominee. The Board will not consider incomplete nomination forms.
- Unsuccessful nominations are not automatically put forward in subsequent years.

- The nominator must be prepared to present a brief summary of the Distinguished Member biography in the ASM program, or arrange a suitable alternate for the presentation segment.

SUBMISSION:

- All nominations to be submitted to the [APS Secretariat](#) by **31 October 2018**.

NOTIFICATION:

- The APS Board will notify successful nominees by **31 December 2018**.
- Distinguished Member recipients are actively encouraged to attend the Annual Scientific Meeting in order to receive their award in person from the APS President.

A listing of past recipients of the [Distinguished Member Award](#), including their biographies, can be found on the APS website.

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- Chapter 3:** Beyond medication: psychological and educational approaches to pain management
- Chapter 4:** Movement and physical activity
- Chapter 5:** Complementary approaches to pain
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- Chapter 8:** Pain at the end of life
- Chapter 9:** Pain and nutrition
- Chapter 10:** Quality and systems issues

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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. As we release monthly in advance, submissions received by the 15th of each month will be reviewed for publication in the newsletter of the following month.

Stephanie Davies, Editor



PAIN MANAGEMENT SPECIAL INTEREST GROUP

Details for the next Occupational Therapy Australia Pain Management Special Interest Group (SIG) meeting:

Time & Date: 6pm (AEST) on Wednesday 29 August 2018

Topic: Sensory Modulation and Pain Management

Details: OT Australia website, Members Section

Enquiries: info.vic@otaus.com.au

Attendance: via webinar or OT Australia office: 5/340 Gore Street, Fitzroy VIC 3065



THE LANGUAGE OF CHRONIC PAIN – UNIVERSITY OF TECHNOLOGY SYDNEY

The aim of this study is to explore the language (in particular, the metaphors) which people living with chronic pain use to describe their pain experience. As there is currently no objective biomedical test for the existence or nature of pain, language is of vital importance to the chronic pain experience.

After completing the survey, you will have the chance to enter the draw to win one of five \$100 Visa Gift Cards.

To participate, you will need to have chronic pain (pain lasting 12 weeks or longer) and be aged 18 years or older, with good English comprehension and writing ability.

What is involved: Completion of an anonymous online survey, which should take approximately 15-20 minutes to complete.

To read the Participant Information Sheet and Consent Form and complete the survey please [click here](#).



NEW FRONTIERS #ANZSPM18
BIENNIAL CONFERENCE Manly Beach, Sydney, AUSTRALIA
6-9 September 2018
www.anzspm.org.au/anzspm18



- Collaborative & Integrated Palliative Care in Haematology
- Palliative Care in Transplantation
- Adolescent & Young Adult Palliative Care
- Difficult Encounters
- Long Term Care
- Exercise & Reablement
- Integrated Palliative Care in Non-Malignant Disease
- Enriched Environments & Brain Plasticity
- Think Like A Leader: How to increase your influence

www.anzspm.org.au/anzspm18



See You in Boston!
September 12-16, 2018




57th ISCoS
The International Spinal Cord Society
Annual Scientific Meeting
Combined with the 25th Australia and New Zealand Spinal Cord Society (ANZSCoS) Annual Scientific Meeting

13-15 SEPTEMBER 2018
SYDNEY, AUSTRALIA

ICC Sydney, Darling Harbour
www.iscosmeetings2018.org

REGISTRATION NOW OPEN
EARLY BIRD REGISTRATION CLOSING 16TH JUNE 2018

isicos2018@isbnet.com | [@isicosmeetings](https://www.facebook.com/isicosmeetings) | +44 (0) 20 7606 0200



ISCoS
anzscos



REGISTER NOW

**LOOKING NORTH
LOOKING UP
AT PAIN**

FPM SPRING MEETING
OCTOBER 19-21, 2018
PULLMAN CAIRNS
INTERNATIONAL, QLD

Artwork: Rosella Namok

 **FPM**
FACULTY OF PAIN MEDICINE
ANZCA

Children's Pain Management Clinic

**Paediatric Chronic Pain
Symposium**



Saturday 10th November 2018
At the Ella Latham Auditorium, The Royal Children's Hospital
50 Flemington Road, Parkville, VIC 3052

Presented by the clinicians of the multidisciplinary team, the purpose of this one day symposium is to provide the guiding principles of chronic pain management in children and adolescents.

It is directed towards all health care professions that may encounter paediatric chronic pain presentations in their practice. The full programme for the Symposium will be provided in due course.

Cost (including morning and afternoon tea): \$250.00 (incl. GST)
Bookings via Eventbrite: <https://bit.ly/2lBKc1n>



ICFTD 2018

11th International Conference on Frontotemporal Dementias

Save the Date!

11-14 November 2018
International Convention Centre
Sydney, Australia

www.icftd2018.org.au

KEY DATES

Call for Papers opens	1 March 2018
Call for Papers deadline	1 June 2018
Online registration opens	1 May 2018
Early Bird deadline	6 August 2018





THE UNIVERSITY OF SYDNEY

PAIN REFRESH

PAIN MANAGEMENT MULTIDISCIPLINARY WORKSHOP 2019



WEEK 1: FEBRUARY 4-7
WEEK 2: FEBRUARY 11-14



NZPS 19 NEW ZEALAND PAIN SOCIETY ANNUAL SCIENTIFIC MEETING
7—10 March 2019
RYDGES LATIMER HOTEL CHRISTCHURCH, NEW ZEALAND




FROM WHERE WE STAND



SAVE THE DATE!

KEY DATES

Call for Abstracts opens	16 October 2018
Abstract Submission Deadline	8 January 2019
Early bird Registration Deadline	1 March 2019

**Spine Society of Australia
30th Annual Scientific Meeting**
Gold Coast Convention & Exhibition Centre, Queensland
5-7 APRIL 2019



Expressions of interest online at:
www.dconferences.com.au/ss2019
For more information please contact the SSA
Conference Secretariat: DC Conferences Pty Ltd
E ssa2019@dconferences.com.au | P 612 9954 4400



2019 Australian Pain Society 39th Annual Scientific Meeting:

In the IASP Global Year Against Pain in the most Vulnerable

7 – 10 April 2019 Gold Coast Convention and Exhibition Centre, QLD

Expressions of interest online at
www.dconferences.com.au/aps2019

For sponsorship and exhibition opportunities or more information please contact the APS Conference Secretariat
DC Conferences Pty Ltd
P: 61 2 9954 4400
E: aps2019@dconferences.com.au

Submission Deadlines

Topical Sessions	21 September 2018
Free Papers & Posters	31 October 2018
Rising Star Award	31 October 2018
Early Bird Registration	22 February 2019

Join us online - #auspain19 www.dconferences.com.au/aps2019



Organised by:



Save The Date

Date : 11th – 14th April 2019
Venue : Pullman Kuching, Sarawak, Malaysia




8th Association of South-East Asian Pain Societies (ASEAPS) Congress, Malaysia 2019
www.aseaps2019.com | secretariat@aseaps2019.com

NEW!

- **Breakthrough blood test reveals colour of chronic pain:** <http://www.anzca.edu.au/breakthrough-blood-test-reveals-colour-of-chronic>
- **European Journal of Pain Virtual Issue- Pain In Children:** https://onlinelibrary.wiley.com/page/journal/15322149/homepage/virtual_issue_pain_in_children.htm

OTHER ITEMS OF INTEREST FOR OUR MEMBERS:

- **PainAustralia eNewsletter:** latest issue, available online at <http://www.painaustralia.org.au/media/enews>
- **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://pain-health.csse.uwa.edu.au/>
- **ANZCA/FPM Free Opioid Calculator App:** Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: <http://www.opioidcalculator.com.au>
- **Stanford University:** CHOIR Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>

- **2018 Global Year for Excellence in Pain Education:** Launched 22JAN18. See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
- **Opioid Podcasts for GPs:** 20 week series from the Hunter Postgraduate Medical Institute: <http://www.gptraining.com.au/recent-podcasts>
- **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
- **Digital Health Guide:** Developed by Primary Health Network Tasmania: <https://digitalhealth-guide.com.au/Account/LogOn?ReturnUrl=%2fSpecialtyFormulary%2f2>
At login. Username: connectingcare, Password: health
- **ABC Radio Nightlife- Living with Chronic Pain:** Interview with Dr Chris Hayes, broadcast 18SEP17: <http://www.abc.net.au/radio/programs/nightlife/pain/8958330>
- **2017 Australia's Health Tracker by Socio-economic status:** Released 28NOV17: <https://www.vu.edu.au/australian-health-policy-collaboration/publications#goto-----australias-health-tracker-by-socioeconomic-status-----=1>
- **Indigenous Resources:** New webpage on the APS website aggregating Indigenous resources: <https://www.apsoc.org.au/Indigenous-Resources>

- **IASP Statement on Opioids:**
Approved February 2018: <https://www.iasp-pain.org/Advocacy/OpioidPositionStatement>

This reference can also be found on the [APS Position Papers](#) webpage.

- **NSW Cannabis Medicines Advisory Service (CMAS):** Launched 29JAN18

Fact Sheet on our website:

https://www.apsoc.org.au/PDF/Fact_Sheets/20180129_NSW-CannabisMedicinesAdvisoryService-CMAS_Fact_Sheet_FINAL.PDF

Service available: 9am-5pm Monday-Friday

Hotline: (02) 4923 6200 or email: HNELHD-CMAS@hnehealth.nsw.gov.au

HEALTH CARE HOMES

- **Health Care Home resources:**
<http://www.health.gov.au/inter-net/main/publishing.nsf/Content/health-care-homes#one>

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

- **The Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <https://www.safetyand-quality.gov.au/atlas/atlas-2017/>

- **Online interactive Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:**
<http://acsqhc.maps.arcgis.com/apps/MapAndAppGallery/index.tml?appid=fd3b04ebe3934733b7ec-b8514166c08f>

NPS MEDICINEWISE RESOURCES:

- **Chronic Pain edition issued 01JUN15:**
<http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain> and https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm_medium=twitter&utm_source=17-07-24&utm_campaign=pain&utm_content=painweek-MN#key-points
- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>
- **Over the counter codeine – changes to supply:** <https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>
- **Medicines with codeine – what you need to know:** <https://www.nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know>

TGA

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

- **Guidance for the use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia, v1-DEC17:** <https://www.tga.gov.au/publication/guidance-use-medicinal-cannabis-treatment-chronic-non-cancer-pain-australia>

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **Our Mob- Resources for Aboriginal People:** <https://www.aci.health.nsw.gov.au/chronic-pain/our-mob>
- **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- **Pain Management Resources:** <http://www.aci.health.nsw.gov.au/resources/pain-management>
- **Quicksteps to Manage Chronic Pain in Primary Care:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>
- **Built into Quicksteps- “How to de-prescribe and wean opioids in general practice”:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care/how-to-de-prescribe-and-wean-opioids-in-general-practice>

- **A list of helpful apps for consumers and clinicians now available at:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain>

MEMBERS ONLY AREA OF APS WEBSITE:

- **Refer to our website for a full listing of media releases:** <http://www.apsoc.org.au/Media>
- **2018 Annual Scientific Meeting, Sydney – Media Coverage:**
 1. Chronic Back Pain
 - a. 22MAR18 – Prof Peter O’Sullivan (Curtin Uni), ABC Perth: <https://soundcloud.com/user-857774869/prof-peter-osullivan-22318>
 2. Diet and Chronic Pain
 - a. 26MAR18 – Katherine Brain (Newcastle Uni), ABC Newcastle: <https://soundcloud.com/user-857774869/katherine-brain-abc-newcastle-26318>
 - b. 03APR18 - Katherine Brain (Newcastle Uni), Nine News digital: <https://www.nbnnews.com.au/2018/04/03/could-fruit-and-veg-help-alleviate-chronic-pain/>

3. Pain in Children and Adolescents
 - a. 28MAR18 – Dr Tinna Jaaniste, Dr Meg Goodison-Farnsworth, Broke Peterson, ABC RN Life Matters: <http://www.abc.net.au/radio-national/programs/lifematters/kids-chronic-pain/9587850>
 - b. 05APR18 – Dr Meredith Craigie, ABC Adelaide: <https://soundcloud.com/user-857774869/abc-adelaide-5418-paediatric-pain>
4. Sea Snail Venom as Pain Relief
 - a. 04APR18 – Prof Macdonald Christie (Sydney Uni), ABC RN Breakfast: <http://www.abc.net.au/radionational/programs/breakfast/venomous-sea-snails-could-help-fight-the-opioid-epidemic/9616702>
 - b. 04APR18 - Prof Macdonald Christie (Sydney Uni), ABC News: <http://www.abc.net.au/news/2018-04-04/sea-snail-venom-could-be-the-holy-grail-in-pain-therapeutics/9617670>
 - c. 04APR18 - Prof Macdonald Christie (Sydney Uni), SBS News: <https://www.sbs.com.au/news/sea-snail-venom-a-source-of-pain-relief>
 - d. 04APR18 - Prof Macdonald Christie (Sydney Uni), Yahoo 7 News: <https://au.news.yahoo.com/sea-snail-venom-a-source-of-pain-relief-39725063.html>
 - e. 04APR18 - Prof Macdonald Christie (Sydney Uni), Daily Mail: <http://www.dailymail.co.uk/wires/aap/article-5576359/Sea-snail-venom-source-pain-relief.html>
5. Placebo Power
 - a. 08APR18 – A/Prof Damien Finniss (Sydney Uni), ABC RN All In The Mind: <http://www.abc.net.au/radionational/programs/allinthemind/placebo-power/9613346>
6. Psycho Social Factors of Pain
 - a. 11APR18 – Anne Burke and Dr Tonya Palermo (Uni Washington), ABC RN The Drawing Room: <http://radio.abc.net.au/programitem/pga6bE383G?play=true>

NEW MEMBERS AT 31 JULY 2018

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Ms	Bernadette	Hurley	Psychology
Mrs	Areej	Hussein	Pharmacy
Ms	Sarah	Kendall	Nursing

POSITION VACANT

painless POSITIONS VACANT

Healthcare Professionals
Painless Clinic, WA.

Employment Status:
Casual Sessional

Hours per fortnight:
minimum 4 hours

Contact:
Stephanie Davies

Applications Close:
14th September 2018

Painless Clinic is pleased to invite Expressions of Interest from Occupational Therapists, Physiotherapists, and Pain Psychologists with experience in helping people with pain. We are a private practice that sees many patients, including those covered by workers compensation, motor vehicle accident insurance, and department of veteran's affairs. We conduct educational events, and encourage a patient centred team approach.

The positions are sessional with an option to increase with demand. Please email a short bios (max one page) which includes your experience in helping people with pain, and your areas of interest, as well as a separate full CV.

Please email applications and enquiries to:
stephanie.davies@painless.life

8 Aug 2018

NSW Agency for Clinical Innovation (ACI) Aboriginal Chronic Conditions Network

Walk a mile in my shoes ... do we ever factor in social determinants into how we deliver health care?

Rydges, World Square, Sydney, NSW

<https://www.aci.health.nsw.gov.au/networks/aboriginal-chronic-conditions-network/aboriginal-chronic-conditions-events/aci-aboriginal-chronic-disease-network-workshop>

17-18 Aug 2018

Medico-Legal Society of Queensland Inc.

HIGH Society: The Misuse of Opioids

Surfers Paradise Marriott Resort, Surfers Paradise, QLD

<https://medico-legal.com.au>

28-30 Aug 2018

Australian College of Nursing

The National Nursing Forum 2018 - Diversity and Difference

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<https://www.acn.edu.au/nnf2018>

6-9 Sep 2018

Australian & New Zealand Society of Palliative Medicine ANZSPM

New Frontiers

Novotel Manly Pacific, Sydney, NSW

<https://willorganise.eventsair.com/QuickEventWebsitePortal/2018-anzspm/info>

12-16 Sep 2018

International Association for the Study of Pain (IASP)

18th World Congress on Pain

Boston Convention and Exhibition Center, Boston, USA

<https://www.iaspworldcongressonpain.org>

13-15 Sep 2018

International Spinal Cord Society

ISCoS 2018 57th Annual Scientific Meeting of the International Spinal Cord Society with the 25th Australia and New Zealand Spinal Cord Society Annual Scientific Meeting

International Convention Centre, Sydney, NSW

<http://www.iscosmeetings2018.org/>

21 Sep 2018

Pain Interest Group Nursing Issues (PIGNI) Professional Development Day

Pain: A Balancing Act

SMC Conference & Function Centre, Sydney, NSW

<https://dcconferences.eventsair.com/QuickEventWebsitePortal/pigni-2018/website>

6-9 Oct 2018

Australian Society of Anaesthetists

National Scientific Congress 2018

Adelaide Convention Centre, Adelaide, SA

<http://asa2018.com.au>

11-13 Oct 2018

RACGP - GP18

General practice: The centre of health in Australia

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<http://gp18.com.au>

19-21 Oct 2018

Faculty of Pain Medicine Spring Meeting

Looking North Looking Up at Pain

Pullman Cairns International, Cairns, QLD

<http://fpm.anzca.edu.au/events/2018-spring-meeting>

23 Oct 2018

Bionomics & MSD 6th Annual Neuroscience Symposium

At the Frontiers of Neuroscience: Signs & Symptoms

Pullman Hotel, Hindmarsh Square, Adelaide, SA

<http://www.bionomics.com.au/upcoming-events/6th-annual-bionomics-msd-symposium>

25-27 Oct 2018

Australian College of Rural and Remote Medicine (ACRRM) and Rural Doctors Association of Australia (RDAA)

Rural Medicine Australia - RMA 2018

Darwin Convention Centre, Darwin, NT

<http://www.acrrm.org.au/the-college-at-work/rma>

2 Nov 2018

Pain Interest Group Nursing Issues (PIGNI) ACT

Workshop theme: 2018 Global Year for Excellence in Pain Education

Function Rooms, Lewisham Building, Calvary Hospital Public, Bruce, ACT

Joy.Burdack@calvary-act.com.au

10 Nov 2018

The Royal Children's Hospital Melbourne

The RCH Paediatric Chronic Pain Management Symposium

The Ella Latham Auditorium at The Royal Children's Hospital, Melbourne, VIC

<https://bit.ly/2IBKc1n>

11-14 Nov 2018

International Society on Frontotemporal Dementias

11th International Conference on Frontotemporal Dementias

International Convention Centre, Sydney, NSW

<https://www.dccconferences.com.au/icftd2018/>

16-17 Nov 2018

Occupational Therapy Australia National Paediatrics Symposium 2018

Community, Collaboration and Capability

SMC Conference & Function Centre, SYDNEY, NSW

<http://www.otausevents.com.au/events/national-paediatrics-symposium-2018/event-summary-147160654c18486a863a1345fd616cc9.aspx>

21-24 Nov 2018

AOCPRM 6th and Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) 3rd Annual Scientific Meeting

North to South, East to West

SkyCity, Auckland, New Zealand

<http://www.aocprm2018.com/aocprm18>

4-14 Feb 2019

Pain Management Research Institute, The University of Sydney

Pain Refresh - Pain Management Multidisciplinary Workshop

Royal North Shore Hospital, St Leonards, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/workshop.php>

7-10 Mar 2019

New Zealand Pain Society Annual Scientific Meeting - NZPS19

From where we stand

Rydges Latimer Hotel, Christchurch, New Zealand

<http://www.nzps2019.nz>

5-7 Apr 2019

Spine Society of Australia

30th Annual Scientific Meeting

Gold Coast Convention & Exhibition Centre, Gold Coast, QLD

<http://www.dconferences.com.au/ssa2019/>

7-10 Apr 2019

Australian Pain Society 39th Annual Scientific Meeting

In the IASP Global Year Against Pain in the Most Vulnerable

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<http://www.dconferences.com.au/aps2019/>

11-14 Apr 2019

ASEAPS 2019 - 8th Association of South-East Asian Pain Societies Congress

Building Collaborations In Pain Management

Pullman Kuching, Sarawak, Malaysia

<http://www.aseaps2019.com>

10-12 Jul 2019

Occupational Therapy Australia

Together Towards Tomorrow

International Convention Centre, Sydney, NSW

<http://www.otaus2019.com.au>



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 minimise 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 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

DIRECTORS

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IMMEDIATE PAST PRESIDENT:

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SPC CHAIR:

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Sydney NSW 2006
Tel: 02 9351 4132



THE
AUSTRALIAN
PAIN SOCIETY

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Website: www.iasp-pain.org



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Position Vacant

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