As you are all aware 2018 is the IASP year of global excellence in pain education, and what better way to educate oneself by attending a scientific meeting. There are several meetings advertised in this newsletter, in particular, I would like to draw your attention to the 2018 Australian Pain Society meeting. This will be the 38th scientific meeting of the APS and will be a joint event with the New Zealand Pain Society and is only 5 weeks away. This year there will be an excellent showcase of paediatric pain talent and research. In addition to the pre-conference day workshop, there are 3 plenary lectures and 3 concurrent session. Adding to this theme you will find a review by Susie Lord in this newsletter on the first comprehensive health profile for Indigenous adolescents in Australia published by Azzopardi et al November 2017 in Lancet.

So if you have not registered yet, be sure to access the link in this newsletter to view the program and register. You will also find the social program which not only includes the fabulous dinner, where you can catch up with friends and colleagues to dance the night away, but also an opportunity to stretch those legs for a local run or walk.

We are also pleased to include a recent publication item from Gila Moalem-Taylor, a member of our Basic Pain Research Special Interest Group.

As a society, we want to improve our services for members, which include our website. Currently we are looking for your feedback on how the website is used, and what can be improved upon. We appreciate your feedback and look forward to hearing from you.

Christin Bird
Assistant Editor
The Australian Prevention Partnership Centre has received funding for an important pain project, which aims to improve pain management in primary care to prevent progression of chronic pain to a level that interferes with life and to reduce demand for opioids or intensive pain management services.

Led by Professors Fiona Blyth AM and Andrew Wilson from the University of Sydney, the project will develop a set of evidence-based principles to assess proposed models. Using these principles, models of intervention will be identified that are demonstrated to work, or have potential to work, in the Australian primary care environment. Resource requirements for the different models will be identified.

This information will then be used to develop a tool applicable to Primary Health Networks (PHNs) to assess current local capacity for prevention and early intervention and to assess the local relevance of different models. It will also assist in identification of gaps in current service capacity including pathways to specialist care. The tool will be developed in association with, and piloted in, at least one PHN.

A small reference group including APS President Fiona Hodson, representatives from Painaustralia, lead clinicians, consumers, PHN and Local Health Network (LHN) representatives and key researchers in the field will provide feedback across the course of the project.

The expected outcomes of the project are:

• a set of evidence-informed strategies for preventing or reducing risk of chronic pain with estimation of likely impact relative to resources;
• a set of evidence-informed consensus principles for selecting interventions for Australian settings;
• a tool for capacity assessment and model(s) selection for use at PHN level;
• a report on field testing of the tool; and
• an options paper on implementing and scaling up of models for chronic pain.

The project is due to be completed by the end of 2019 and has been made possible with funding from the Australian Government Department of Health Boosting Prevention program funded by the Medical Research Future Fund.
2018 PROGRAM UPDATE

The 2018 Australian Pain Society 38th and New Zealand Pain Society Conjoint Annual Scientific Meeting will be held from 8 – 11 April 2018 at the International Convention Centre Sydney, Australia. **Only 5 weeks away!**

Here are just a few things we are excited about:

See the full program here: [Program Overview](#)

**International Speakers**

**Professor Liesbet Goubert**

*Monday 9 April, 4.15 - 4.45pm*

Sunderland Lecture: A resilience approach to chronic pain: Different theoretical perspectives and treatment implications

*Wednesday 11 April, 9.00 - 9.25am*

Interpersonal dynamics of chronic pain: How others can support or undermine patient functioning

**Professor Frank Huygen**

*Monday 9 April, 10.00 - 10.30am*

A mechanism based approach in the treatment of Complex Regional Pain Syndrome

**Professor Stephen McMahon**

*Monday 9 April, 9.00 - 9.35am*

Patrick Wall Lecture: Mechanisms of pain vulnerability: Why me?

*Tuesday 10 April, 11.00 - 11.25am*

Gender difference in the neurobiological properties of the pain signaling system

**Dr Tonya Palermo**

*Monday 9 April, 3.30 - 3.55pm*

Psychological interventions for paediatric chronic pain

*Tuesday 10 April, 9.35 - 10.05am*

Interrelationship of sleep and pain in youth: Implications for assessment and intervention
Pre-Conference Workshops

Just like the old-school Milk Bar, you have the option to pick 'n' mix your pre-conference workshop selection. For example, you may want to attend the Fundamentals of Pain Workshop in the morning and then head over to the Pain in Childhood afternoon session. This gives you the freedom to customise your conference experience.

Morning Workshops
- Acute Pain AM
- Pain in Childhood AM
- Basic Pain Research
- Fundamentals of Pain
- Pain Toolkit (Run by Pete Moore)

Afternoon Workshops
- Acute Pain PM
- Pain in Childhood PM
- Pharmacology in Pain Management
- Physiotherapy in Pain Management

Sponsored Sessions

There are 6 sponsored sessions available to delegates to attend over 2 days.

Mundipharma
Monday 9 April, 7.15 - 8.15am - includes breakfast
Opioid Prescribing – Getting the Balance Right
The use of opioids in the treatment of chronic non-cancer pain is a topic of much debate. When not optimally managed, prescribing opioids can result in escalating doses, poor patient outcomes and unsanctioned use. In this symposium chaired by Dr Tim Semple, three experts in their fields, Dr Marky Hardy, A/Professor Malcolm Hogg and A/Professor Peter Gonski will outline how they use opioids in carefully selected patients, minimising the potential risks and ultimately improving patient outcomes.

Pierre Fabre
Monday 9 April, 7.15 - 8.15am - includes breakfast
Practical management strategies in Fibromyalgia Syndrome
It estimated that between 2 and 5% of people in developed countries have fibromyalgia, a chronic centralized pain condition characterised by widespread pain, poor unrefreshing sleep and fatigue. Dr Michael Vagg will be presenting on the management of fibromyalgia in his clinical practice, focusing on the practical side of managing fibromyalgia patients, what strategies are employed in his practice, Pain Matrix, and how he is using a combination of strategies to improve patients’ quality of life.

Indivior
Monday 9 April, 5.15 - 6.15pm - includes canapes and drinks
Transitional Pain Medicine: Improving Peri-Hospital Care as a model for long-term change in pain management and opioid prescribing
With the current concern about opioid prescribing and opioid dependence, the postsurgical period remains a critical window with the risk of significant opioid dose escalation, particularly in patients with a history of chronic pain and pre-surgical opioid use. Dr Hance Clarke will discuss the development and implementation of a Transitional Pain Program that enables close monitoring of pain, opioid medications and mental health vulnerabilities that place certain patients at a higher risk of developing chronic postsurgical pain and progressing to dependence.
iX Biopharma

Monday 9 April, 5.15 - 6.15pm - includes canapes and drinks

**Ketamine and buprenorphine – old analgesics in a novel sublingual formulation**

Ketamine is being used extensively in pain management, however, its optimal use remains to be determined. The clinical scenarios in which ketamine can be given are constrained by the only licensed formulations being an injection. Dr Janakan Krishnarajah will discuss clinical use cases for sublingual ketamine and sublingual buprenorphine. He will also provide an update on the clinical development and latest clinical trial data for Wafermine™ and Bnox™ sublingual wafers.

Seqirus

Tuesday 10 April, 7.30 - 8.30am - includes breakfast

**Does ‘Strong Analgesic’ Equal ‘Strong Opioid’? : Tapentadol and the Concept of ‘µ Load’**

This session will deliver a comprehensive explanation of the difference between analgesic and opioid equivalence in pain management and will discuss the role of ‘µ load’ in strong analgesics and the effects of MOR activity on efficacy and tolerability. Prof Ralf Baron will also discuss the atypical opioid Tapentadol, the molecule’s mode of action and describe how Tapentadol immediate release and sustained release fits into his practice by sharing his clinical experience.

BioElectronics

Tuesday 10 April, 7.30 - 8.30am - includes breakfast

**ActiPatch: wearable, paraesthesia-free, neuromodulation for chronic pain relief**

Chronic musculoskeletal pain is prevalent in Australia/New Zealand and presents significant socio-economic challenges. Chronic pain can be complex to manage, since the level of pain is often unrelated to the level of underlying tissue damage.

Dr Sree N. Koneru leads new product development at BioElectronics, with an emphasis on prototype development and validation of efficacy through pilot clinical studies. Learn how ActiPatch uses high-frequency electromagnetic waves to regulate afferent nerve activity and mitigate nerve hypersensitivity.

Trainee Session

Monday 9 April, 5.15 - 6.15pm - includes a drink on arrival

**Practical tips for building your career in pain research - From basic science to the clinician researcher**

New to the program in 2018, this inaugural trainee session will focus on research career-development for junior researchers and clinicians wanting to understand how to build on their research strengths to establish their research careers. Topics of discussion include publishing, getting project and fellowship funding, and doing research with impact.

Don’t miss out, register today!

For more information, visit the conference website.
5 WEEKS TO GO! REGISTER TODAY!

Have you secured your place at Australia and New Zealand’s only multidisciplinary conference? The conference offers insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives. Don’t miss out on your opportunity to attend this April.

Register Here!

Make sure you’re a current APS Member and save on your APS NZPS 2018 registration fee.

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<td>Non-Member Registration Price</td>
<td>$1255 OR Become a member and save up to $295 after membership fees!</td>
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<td>VS Becoming an APS Member</td>
<td>Only $330 Become a member and save up $865 after membership fees!</td>
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Benefits of full membership, include, but are not limited to:

- Discounted ASM registration
- Login access to the “Members Only” area of the website - now with free recordings of past ASM plenaries
- Free advertising of Positions Vacant for up to 2 months and 2 editions of the newsletter
- Listing on the APS Facility Directory and/or the Public Listing of Members to list their private practice
- Access to PhD scholarships, Clinical Research Grants, Travel Grants, Clinical Attachment Grants
- Access to Special Interest Groups

Non-member registrants automatically become Provisional Affiliate APS Members. This membership type only includes:

- Receive the APS newsletter by email from after the ASM to the end of the same calendar year

We look forward to welcoming you to Sydney.

Should you have queries, please contact the Conference Secretariat.
2018 SOCIAL PROGRAM

Network, socialise, relax, enjoy!

There’s an exciting social program available to delegates with multiple opportunities to meet and connect with peers and build upon professional networks.

Sunday 8 April
Welcome Reception at The Gallery, International Convention Centre
6.00 – 7.30pm

Basic Pain Research and Pain in Childhood SIG Dinners at Barkers Restaurant, PARKROYAL Darling Harbour
From 7.30

Monday 9 April
Social Night at the Garden Bar, Shelbourne Hotel
From 5.00pm

PI Garni Dinner at Blackbird, Cockle Bay Wharf, Darling Harbour
7.00 – 10.00pm

Tuesday 10 April
Local Run/Walk leaving from the main entrance of ICC Sydney
From 6.30am

Conference Gala Dinner at Darling Island Wharf, Doltone House
7.00 – 11.00pm

Wednesday 11 April
Cockatoo Island Tour
1.30 – 4.30pm

Click here for full details on the APS NZPS 2018 social program.

Secure your place at these enjoyable and entertaining social functions by registering today!
As APS members will no doubt be aware, 2018 is the IASP Global Year of Excellence in Pain Education, and education is clearly at the heart of the APS vision and mission. Recently, the APS board formed an education sub-committee, whose intent is to explore and communicate educational possibilities for APS members. This year, the education sub-committee aims to provide regular updates on the Global Year in the APS newsletter, highlighting some of the resources provided by IASP, and perhaps some stimulation for how you might be involved in an educational offering in your part of the pain management world.

The IASP website is absolutely flush with very useful and practical educational offerings. From clinical guidelines to patient resources, curricula guidance to taxonomy, and everything in between, why don’t you spend a little time exploring this great resource. However, there are specific aims and many more resources that have been deliberately designed for this Global Year**. The four aims for the Year are to address public and government education, patient education, professional education and pain education research. With regards to the resources, here are a couple you might consider:

Firstly, explore the 12 aims for the Global year, which cover the 4 domains above. They warrant some time spent considering the length and breadth of the issues of pain management throughout not just our pain management discipline, but also our whole world community/society.

Secondly, look into your year ahead. Where and to whom might you consider some specific pain education? Is there a specific patient population you could target, are there colleagues that could benefit from specific pain-related inservices? Having done that, there are some fact sheets that might further assist you to move your ideas into reality.

Finally, if you are doing something specific for this Global Year of Excellence in Pain Education, why don’t you share it with all of us in the APS? Send short write-up of it for the APS newsletter, or share it on the social media platforms of the APS. (The best educational possibility this year is the APS scientific meeting. Have you registered?)

** Some of the resources on the IASP site are only available to members of IASP. Consider whether you would benefit by joining.

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**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, Assistant Editor
WE ARE REVIEWING OUR WEBSITE!

The APS website is one of the main ways the Society communicates with its members. It also explains the role of the Society and the work of its members to the general public. So we want to make sure the website works as well as it can, and we’d like your input to make sure it works well for you. We would appreciate if you could spend a few minutes on the website and consider the following questions:

- Do you find the website easy to navigate? Can you find information you need quickly? If not, how do you think this could be improved?

- Do you use the website regularly? If not, why not?

- What features would make the website more useful to you? This might include more resources, education and continuing professional development, or contact with other members, or other features we haven’t considered.

- How well does the website present the purpose of the Society, and the work of its members?

- If you work with the general public, would you direct them to the APS website for information? (Keep in mind that the APS is mainly for health professionals and researchers who work with pain, rather than consumers, and there are other consumer-specific websites about pain and pain management, including those from Pain Australia and ACI Pain Management Network).

Please email any suggestions for website improvement to the APS Secretariat.
ABSTRACT:

Background
Connexin43 (Cx43) hemichannels in spinal cord astrocytes are implicated in the maintenance of neuropathic pain following peripheral nerve injury. Peptide5 is a Cx43 mimetic peptide that blocks hemichannels. In this study, we investigated the effects of spinal delivery of Peptide5 on mechanical pain hypersensitivity in two mouse models of neuropathic pain, peripheral nerve injury and chemotherapy-induced peripheral neuropathy (CIPN).

Methods
Mice were subjected to a chronic constriction injury (CCI) of the sciatic nerve and an intrathecal injection of Peptide5 (a Cx43 mimetic peptide) ten days after CCI, or for a series of chemotherapy injections with oxaliplatin or paclitaxel and treatment with Peptide5. Mice were tested for mechanical allodynia using von Frey filaments. The ipsilateral spinal cord was then removed and analysed by Western blot for Cx43 and inflammasome components. In addition, in vitro work was performed on purified astrocyte cultures isolated and cultured from mixed cortical cells of mouse pups.

Results
We demonstrated that 10 days following CCI, Cx43 expression co-localised predominantly with astrocytes, was increased in the ipsilateral L3-L5 lumbar spinal cord. An intrathecal injection of Peptide5 into nerve-injured mice, on day 10 when pain was well-established, caused significant improvement in mechanical pain hypersensitivity 8h after injection. Peptide5 treatment resulted in significantly reduced Cx43, and microglial and astrocyte activity in the dorsal horn of the spinal cord, as compared to control saline-treated CCI mice. Further in vitro investigations on primary astrocyte cultures showed that 1h pre-treatment with Peptide5 significantly reduced adenosine triphosphate (ATP) release in response to extracellular calcium depletion. Since ATP is a known activator of the NOD-like receptor protein 3 (NLRP3) inflammasome complex, a key mediator of neuroinflammation, we examined the effects of Peptide5 treatment on NLRP3 inflammasome expression. We found that NLRP3, its adaptor apoptosis-associated spec-like protein (ASC) and caspase-1 protein were increased in the ipsilateral spinal cord of CCI mice and reduced to naïve levels following Peptide5 treatment. In the models of oxaliplatin- and paclitaxel-induced peripheral neuropathy, treatment with Peptide5 had no effect on mechanical pain hypersensitivity. Interestingly, in these CIPN models, although spinal Cx43 expression was significantly increased at day 13 following chemotherapy, NLRP3 expression was not altered. These results suggest that the analgesic effect of Peptide5 is specifically achieved by reducing NLRP3 expression.

Conclusions
Our findings demonstrate that blocking Cx43 hemichannels with Peptide5 after nerve injury attenuates mechanical pain hypersensitivity by specifically targeting the NLRP3 inflammasome in the spinal cord.

Declaration
Gila Moalem-Taylor has received funding that supported parts of this work from the National Health and Medical Research Council of Australia (NHMRC), the Spinal Cord Injury Network Grant - Towards Translation - Capacity Building Initiative, and the Cancer Institute NSW Translational Program Grant [ID # 14/TPG/1-05].

Reviewer: Dr Susie Lord, Clinical Lead, Children’s Complex Pain Service, John Hunter Children’s Hospital, Newcastle NSW, Australia. Susie.Lord@hnehealth.nsw.gov.au

Aims: To report the first comprehensive health profile for Indigenous adolescents in Australia to inform healthcare improvements, policy and research.

Study Group: Aboriginal and Torres Strait Islander (Indigenous) adolescents aged 10–24 years. Comparison was made with the health profile of non-Indigenous Australian adolescents, where data were available.

Study Method: Systematic synthesis of population data. A national advisory group—6 Indigenous young people, 3 Indigenous adult community members, 3 researchers, 3 policy makers, and 2 service providers—developed the reporting framework using a linear Delphi approach. The framework included 234 elements across 3 domains: health outcomes, health risks, and sociocultural determinants.

A step-wise approach was used to identify the most-inclusive, highest quality population data available to map to each element. Primary data from national surveys, administrative datasets, and then other available published data were interrogated.

Data were available for 184 of the 234 elements profiling Indigenous adolescent health and wellbeing. Data gaps were mapped to inform research agenda.

Summary of Results:
Mortality: All-cause mortality was twice that of non-Indigenous adolescents. The 5 leading causes of death were in order: intentional self-harm, road traffic accidents, assault; cancer; and accidental poisoning. 80% of Indigenous adolescent deaths were considered potentially avoidable under the current health system.

Overall health: 53.7% of Indigenous 15–24 year olds self-rated their health as very good or excellent. 28.5% reported a disability (condition >6 months duration with associated functional limitation). For 11.6% of Indigenous 10–14 year olds, disability affected their education, and for 8.4% of Indigenous 15–24 year olds, disability affected employment. Communicable diseases and their complications, nutritional diseases, and most types of injuries inequitably affected Indigenous adolescents, particularly those in remote areas, compared with their non-Indigenous counterparts. Several chronic non-communicable diseases, illicit use of opiates, analgesics or sedatives, and accidental poisoning were more common amongst urban- than remote-dwelling Indigenous youth. The pregnancy rate amongst female Indigenous adolescents overall was twice that of non-Indigenous adolescents, and for girls 10–14 years this difference was almost 20-fold. The health of adolescent girls, therefore, directly impacts the health of the next generation.

Wellbeing: 30.5% of Indigenous 18–24 year olds report high levels of psychological distress (Kessler-5 ≥ 12/20), more than twice the non-Indigenous rate. Data for younger adolescents were lacking. The incidence of specific mental health conditions, racial discrimination, being victim to violence, incarceration, and many other sociocultural and economic determinants of health and wellbeing are detailed in the online supplementary appendices (http://www.thelancet.com/cms/attachment/2115053830/2084693850/mmc1.pdf), disaggregated by age, sex and remoteness.

Pain: Back pain > 6 months duration was self-reported by 5.4%, and migraine by 5.3% of Indigenous adolescents. These painful conditions of death were in order: intentional self-harm, road traffic accidents, assault; cancer; and accidental poisoning. 80% of Indigenous adolescent deaths were considered potentially avoidable under the current health system.
were more prevalent amongst mid-late adolescents, and Indigenous adolescents living in urban/non-remote areas. Although no other pain conditions were specifically reported in the source datasets, many of the inequitably distributed injuries and conditions are typically associated with acute, recurrent or chronic pain.

**Authors’ conclusions:**
Despite Australia’s adolescents having one of the best health profiles globally, Indigenous adolescents have been left behind. To end disparity, our health system will need to become more accessible, developmentally and culturally appropriate, with a strategic focus on adolescence.

**Critique:**
This is a seminal work that documents stark inequities, as a foundation for redress. It exemplifies strong Indigenous-led research, inclusive of community stakeholders throughout, and designed to inform policy change.

The group highlight the importance of disaggregating Australia’s population health data—by Indigenous status, age, sex and remoteness—to uncover the terrible inequity that is obscured when data of minority groups are diluted in national datasets and indices (eg UN Human Development Index [http://hdr.undp.org/en/countries/profiles/AUS](http://hdr.undp.org/en/countries/profiles/AUS)). I strongly recommend those with an interest explore the rich evidence in the online appendices.

The synthesis supports calls for cross-sector investment in adolescence, in general, and Indigenous youth in particular. Health and wellbeing improvements in adolescence stand to benefit young people themselves, the broader community through increasing human capital, and the health, social and cultural foundations of the next generation. Matching investment to the identified needs of Indigenous adolescents stands to yield 2- to 20-fold benefits.

In this first iteration, fatal and non-fatal burden of disease in Indigenous adolescents have been the priorities. In future, it will be important to explore factors that contribute to years lived with disability attributed to these conditions, and conversely to years lived free from activity limitation (YFAL).

Pain experience may be one such modifier of disability, with major impacts on Indigenous adolescents’ participation in education and employment. The cumulative impacts of pain, racial discrimination and socioeconomic adversity are evident in our clinic where 25% of presenting children and adolescents are Indigenous. However, our sector will need to work with public health agencies and Indigenous researchers to make pain more visible. Harnessing Indigenous knowledge and community strengths will improve pain care during this transformative life phase.

**Take home messages:**
- Disparities exist between the health and wellbeing of Indigenous adolescents compared with non-indigenous adolescents.
- Tragically, much of this is preventable or treatable. Healthcare has to become more accessible, culturally-safe and developmentally-appropriate.
- The burden of some painful conditions—notably headache and back pain—has been recognised.
- Gaps exist in understanding how other painful conditions might affect the health and wellbeing of Indigenous youth, their communities and the next generation.

**Declaration:** The reviewer has no competing interests to declare.


Reviewer: Talia Jones, Physiotherapist, Children’s Complex Pain Service, John Hunter Children’s Hospital, Newcastle, NSW.

Review of article: Engelbert et al conducted a review of the best available evidence in the literature and sought international consensus opinion from key stakeholders to compile this guideline.

The GRADE (Grading of Recommendations Assessment, Development and Evaluation) criterion was used to critically appraise the quality of evidence currently available on this topic.

The guideline is framed by the International Classification of Functioning, Disability and Health (ICF) model, identifying the multiple impairments and body structures impacted by joint hypermobility syndrome / hypermobility Ehlers Danlos syndrome (JHS/hEDS) and the implication this has for activity and participation. A number of issues from a body function and structure level including pain, poorer health related quality of life, fatigue, reduced proprioceptive acuity and balance, joint instability, reduced bone values on ultrasound, excessive skin extensibility, lower blood pressure and psychological symptoms have been well documented in recent years. This guideline highlights the immerging evidence in the literature of the presence of generalised hyperalgesia and the emerging relationship between the co-existence of JHS/hEDS and reduced gross motor skills, particularly coordination. In the adult population, previous research has shown neuropathic pain to be a component of the JHS/hEDS with central sensitisation a possible component.

The activity and participation level in both children and adults with JHS/hEDS is impacted. Children with JHS/hEDS have poorer school attendance and are less active in sports; while adults have difficulty with ambulation, activities of daily living and leisure activities, as well as seek out more medical treatment.

The management principles recommended in this guideline for both children and adults focused on strength and fitness training in combination with pain management education. It has been acknowledged that there is limited evidence for exercise in improving JHS/hEDS, and recommendations are based on efficacy seen in other similar population groups and clinical experience. With the recent association identified between JHS/hEDS and generalise hyperalgesia, any physical therapy intervention needs to be individualised to avoid flaring of symptoms. Orthotics and supportive footwear to improve foot and lower limb alignment in children who report pain are recommended, however upper limb splints and mobility aids are of limited effect.

This guideline highlights the scarcity and lack of quality evidence for physical therapy intervention in the literature and identifies the need for future research to be methodologically sound, with larger JHS/hEDS specific population cohorts. It also identifies the lack of awareness of this condition among many physical therapists and the need for future professional development and education to optimise physical therapy intervention within this patient population.

Take home message: Based on current available evidence, physiotherapy intervention is seen to play an important role in the treatment of people with JHS/hEDS across the
Even when combined, the New Zealand and Australian group of paediatric pain specialists are a relatively small proportion of the world of pain management but they make up for this by being vociferous in their enthusiasm and advocacy for their patients. Thus, we have an excellent showcase of paediatric pain talent and research at the Sydney Combined ASM.

In addition to the pre-conference day workshop there are 3 plenary lectures and 3 concurrent sessions.

The overseas plenary speaker Tonya Palmero, from the University of Washington has vast experience in the development and importantly, delivery of psychological interventions for patients and families with chronic pain. Both of these topics will be addressed including the challenges of remote delivery of these services, an issue that this region of the world is all too familiar with. She and her co-presenters, Dr Jennifer Stinson and Professor Helen Slater will discuss remote management including the use of smartphones and internet to deliver therapies. This brings pragmatic advice to real world challenges that clinicians face.

Tonya also will be tackling the area of sleep and pain, discussing the relationship between the two and consequent implications for assessment and intervention.

Greta Palmer of the Royal Children’s Hospital has a long experience of managing paediatric chronic pain and thus is able to discuss a challenging topic that many of us may be constantly thinking over. Even in the best of multidisciplinary clinics what should our real world outcome expectations be? This is also of huge importance to the world of adult pain. We think that children with chronic pain conditions tend to have more successful recoveries than adults but many adult pain conditions commence in childhood and continue into adulthood. Data from the outcome expectations of this tertiary paediatric pain clinic gives valuable insight into the need for transition services and services to sustain young adults with chronic pain to be contributing members of society.

Why do some children with pain function and even thrive in the same apparent situation of another child who suffers and fails to engage with life? The answer is obviously multifactorial but one piece of the jigsaw is the concept of resilience. Tiina Jaaniste of Sydney Children’s Hospital has contributed many research papers to the risk factors of chronic pain in children and here will be highlighting the role of child and parent risk and resilience mechanisms in better understanding their psychosocial functioning. This leads to the consideration of protective factors and how we can possible promote these.

Obtaining data on the prevalence and impact of pain is valuable and a big focus of current efforts in Australia. However quantitative data can sometimes

Declaration:
The reviewer has no competing interests to declare.
obscure the qualitative and human picture behind the numbers. Dr Rachel Aaron, Dr Anya Griffin and Dr Jennifer Stinson present a topical session blending the two aspects and allowing the patient story and suffering to be part of the data. They will also be describing patient engagement with the research and making it meaningful for them.

**SCHOLARSHIP FEATURE**

Current Scholars

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Past Scholars

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The Discovery Indigenous scheme provides funding to Administering Organisations to support research programs led by an Indigenous Australian researcher and build research capacity of higher degree research and early career researchers.

The objectives of the Discovery Indigenous scheme are to:

- support excellent basic and applied research and research training by Indigenous Australian researchers as individuals and as teams
- develop the research expertise of Indigenous Australian researchers
- support and retain established Indigenous Australian researchers in Australian higher education institutions
- expand Australia’s knowledge base and research capability

A Proposal must nominate at least one CI or DAATSIA; the first-named CI or DAATSIA must be an Indigenous Australian researcher and will be the Project Leader.

Please refer to the relevant section of the Funding Rules for specific Eligibility requirements. The scheme specific Instructions to Applicants are available on the ARC website also contain important information for Research Office staff and individual participants preparing proposals.

Applications close 28MAR18.

Contact details for further information:

E: ARC-NCGP@arc.gov.au
W: http://www.arc.gov.au/

**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
Empowerment and Partnership
21-24 March 2018 | The Langham | Auckland NZ

21-24 March 2018

The theme for 2018 is 'Empowerment and Partnership' and will demonstrate the partnerships that make us strong, well-informed, empowered clinicians. It is also to make new partnerships and to empower developing nations. All of us can think of the partnerships that we have and consider how we as individuals can enhance these partnerships, make new ones so that we can make that difference for the child who we are treating, and ultimately give them the gift of empowerment.

We look forward to welcoming you to beautiful Auckland and the land of the long white cloud.

Dr Kathryn Edward, Conference Convenor

Who should attend?

We welcome anyone with an interest in the field of Cerebral Palsy including:

• Exercise Scientist/Physiologists
• Paediatricians
• Neonatologists
• Neurologists
• Speech Language Therapists
• Occupational Therapists
• Orthopaedic Surgeons
• Physiatrists
• Physiotherapists

SAVE THE DATE

13th Annual
Scientific Meeting
7 – 8 April 2018
International Convention Centre, Sydney

NSANZ is pleased to announce its 2018 keynote speakers – Professor Julie P tiltis, neurosurgeon from the University of Massachusetts, USA and Professor Frank Huygen, anaesthesiologist from the University Hospital Rotterdam, the Netherlands.

www.dcconferences.com.au/nsanz2018

KEY DATES

Poster submission opens 1 September 2017
Poster submission deadline 27 October 2017
Registration opens 1 November 2017
Early Bird deadline 23 February 2018

Expressions of interest online at www.dcconferences.com.au/nsanz2018

For sponsorship, exhibition or more information contact the NSANZ Conference Secretariat

DC Conferences Pty Ltd | P 61 2 9954 4400 | E nsanz2018@dcconferences.com.au

Pre-Conference Workshops
You’re invited to attend the

ACUTE PAIN PRE-CONFERENCE WORKSHOP

Kick start your journey at the APS/NZPS Conjoint Scientific Meeting by attending the Acute Pain Day Pre-Conference Workshop. The workshop promises to address recent advances and controversies in Acute Pain Management. The programme is suitable for the occasional pain specialist, regular APS consultants and nurses. The workshop is split into two half day programs. Join us for the morning, afternoon or both.

When: Sunday 8 April 2018, 8.45am – 5.00pm
Where: International Convention Centre, Sydney

You’re invited to attend the

PAIN IN CHILDHOOD PRE-CONFERENCE WORKSHOP

Excellence in Communication and Education

Covering varied topics of practical and pragmatic relevance to the practice of paediatric pain medicine.

It will involve discussion groups and be relevant to the whole of the multidisciplinary team looking after the child with pain.

When: Sunday 8 April 2018, 8.30am – 5.00pm
Where: International Convention Centre, Sydney
You’re invited to attend the

BASIC PAIN RESEARCH PRE-CONFERENCE WORKSHOP

The workshop will aim to present current basic pain research in Australia and provide evidence of its importance for our understanding of mechanism underlying nociception.

Audience: Researchers, health professionals including students with interest in basic pain mechanisms and current research.

When: Sunday 8 April 2018, 8.30am – 12.30pm
Where: International Convention Centre, Sydney

You’re invited to attend the

FUNDAMENTALS OF PAIN PRE-CONFERENCE WORKSHOP

Fundamentals of Pain is a half day workshop exploring current perspectives on the physiology of acute and persistent pain, including psychological aspects, the clinical approach to assessment, and treatment options. Whilst developed for a GP audience, this workshop is pertinent to the interdisciplinary practitioner or early career clinician. Using lecture presentations on physiology, pharmacology and psychological aspects of pain, case studies and open discussion/forum, the fundamentals of contemporary pain management will be covered in a stimulating, open and audience centred manner.

When: Sunday 8 April 2018, 8.30am – 12.30pm
Where: International Convention Centre, Sydney
You’re invited to attend the

PAIN TOOLKIT - RUN BY PETE MOORE

The Pain Toolkit originated back in 2002 when Pete Moore was writing a self-management article for pain health care professionals. Living with pain himself, Pete recognised while writing his article, that he had developed a toolkit of pain management skills to enable himself to become an active self-manager and to lead a better life.

**When:** Sunday 8 April 2018, 8.30am – 12.30pm  
**Where:** International Convention Centre, Sydney  

You’re invited to attend the

PHYSIOTHERAPY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

This year’s workshop has at its central theme the most topical issue of the use of guidelines and protocols by clinicians. This relates to appropriateness of both assessment and treatment of various pain conditions. This workshop is designed for any Physiotherapist who works with people in pain.

**When:** Sunday 8 April 2018, 1.30pm – 5.00pm  
**Where:** International Convention Centre, Sydney  
The pharmacological management of pain is increasingly becoming a worldwide challenge. International experts are involved in intensive research to address concerns with regard to treatment.

The aim of the Pharmacology in Pain Management half-day workshop is to make a significant contribution to the optimisation of pain treatment by bringing experts together to discuss the latest scientific findings within the pain management clinical pharmacology field. Scientific, regulatory or strategy issues that are highly relevant to the optimisation of acute and chronic pain treatment will also be exchanged and discussed.

This workshop will consist of invited lectures, abstract presentations and roundtable discussions. Time will be allocated to questions, answers and discussion in order to set up an intimate interactive workshop.

Topics will include:

• Update on ketamine use for management of chronic pain
• Update on clinical trials for new drugs for pain management
• Pharmacological pain management in the elderly population
• Drug-drug and drug-disease interactions
• New chronic pain drug development tools
• Clinical case studies in palliative care and chronic non-cancer pain

The target audience for this workshop is clinical pharmacologists, pharmacists, industry researchers, pain specialists, paediatricians, clinical nurse consultants, government representatives and other experts with an interest in clinical pharmacology.

When: Sunday 8 April 2018, 1.30pm – 5.00pm
Where: International Convention Centre, Sydney
Collaborate. Educate. Disseminate.

2018 Australian Pain Society 38th and New Zealand Pain Society Conjoint Annual Scientific Meeting

International Convention Centre Sydney | 8-11 April 2018

Register online at www.dcconferences.com.au/apsnzps2018

For sponsorship and exhibition opportunities or more information please contact the APS NZPS Conference Secretariat | DC Conferences Pty Ltd
P 61 2 9954 4400 | E apsanzps2018@dcconferences.com.au


Spine Society of Australia
29th Annual Scientific Meeting

27 - 29 April 2018

Adelaide Convention Centre

www.dcconferences.com.au/ssa2018

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 24th May, 15th November
Brisbane 21st June, 29th November
Sydney 3rd May, 25th October

Learn more and register at EmpowerRehab.com/Workshops or call (03) 9459 3344
The dark side of the mind
FPM Refresher Course Day and Annual Dinner
International Convention Centre, Sydney
Sunday May 6, 2018

Register now!

Presenting the 9th Annual National Dementia Conference 2018
15 – 16 May 2018 | Rendezvous Melbourne


Specialising in Clinical Pain Management

Formal Degree Course (Online)

Graduate Certificate, Graduate Diploma and Masters

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

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

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

For dates & further information visit: sydney.edu.au/medicine/pmr/education
T: +61 2 9455 1819
E: paineducation@sydney.edu.au
NEW!

• IASP Statement on Opioids
  Approved February 2018: [https://www.iasp-pain.org/Advocacy/OpioidPositionStatement](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](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: HNEL-HD-CMAS@hnehealth.nsw.gov.au

OTHER ITEMS OF INTEREST FOR OUR MEMBERS


• ePPOC: electronic Persistent Pain Outcomes Collaboration

• PainHEALTH website

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

• 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](http://www.opioidcalculator.com.au)

• Stanford University
  CHOIR Collaborative Health Outcomes Information Registry: [https://choir.stanford.edu/](https://choir.stanford.edu/)

• 2018 Global Year for Excellence in Pain Education
  Launched 22JAN18

• Opioid Podcasts for GPs

• Airing Pain
  Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: [http://painconcern.org.uk/airing-pain/](http://painconcern.org.uk/airing-pain/)

• National Strategic Framework for Chronic Conditions

• Podcast: Pain Science and Sensibility Episode 24: Trigger Points, the “Third Space”, and the Merit of Pain Theories with Dr Milton Cohen

• ABC TV “Ask the Doctor”, Series 1, episode 5: Pain

• ABC Lateline: Australians’ addiction to prescription opioids soaring
  Broadcast 23JUN17: [http://www.abc.net.au/lateline/content/2016/s4690991.htm](http://www.abc.net.au/lateline/content/2016/s4690991.htm)

• Digital Health Guide

• ABC Radio Nightlife: Living with Chronic Pain
FYI

- **2017 Australia’s Health Tracker by Socio-economic status** Released 28NOV17: https://goo.gl/ChoJcY

- **Indigenous Resources**
  New webpage on the APS website aggregating Indigenous resources: https://www.apsoc.org.au/Indigenous-Resources

**HEALTH CARE HOMES**


- **Update 10MAY17:** http://healthcarehomes.cmail19.com//ViewEmail/r/7237191369B-01B262540EF23F30FEDED1/FA9272E4DDC-2B64A29558A201773426

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


- **Chapter 5: Opioid medicines:** NEW LINK http://acsqhc.maps.arcgis.com/apps/MapJournal/index.html?appid=4d683b6e1df04a658cfd3a3f-b9c46f24


**NPS MEDICINEWISE RESOURCES**


- **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](https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply)


**TGA**


**NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:**


FYI


**MEMBERS ONLY AREA OF APS WEBSITE:**

- **APS Plenary Recordings:** As an exclusive benefit to APS members, the following Plenary videos are now available for free access:
  - 2017 conference in Adelaide
  - 2016 conference in Perth.

- **Better Pain Management online learning modules:** APS members receive a 20% discount.

- **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](http://www.apsoc.org.au/Media)

- Our next conference, combined with the New Zealand Pain Society, will use the Twitter hashtag: #anzpain18
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Renewal notices for 2018 have been sent by email to members.

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

Please note:

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

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

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

Payments can be made by Credit Card or Cheque.

### NEW MEMBERS

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CALENDAR OF EVENTS

11-12 Apr 2018
National Rural Health Alliance 6th Rural and Remote Health Scientific Symposium
Outback Infront: 20 years of rural and remote health research
Hyatt Hotel, Canberra, ACT
http://www.ruralhealth.org.au/6rrhss/

11-18 Apr 2018
Pain Revolution 2018
Rural Outreach and Cycling Tour
Various venues, Sydney, Wollongong, Moss Vale, Canberra, Jindabyne, Albury, NSW, ACT
http://painrevolution.org

27-29 Apr 2018
Spine Society of Australia
29th Annual Scientific Meeting
Adelaide Convention Centre, Adelaide, SA

Various dates 3 May 2018 to 22 Jun 2018
Empower Rehab
Pain Management in Practice 2 day workshop
Various Venues, Sydney, Melbourne, Brisbane, NSW, VIC, QLD
http://www.empowerrehab.com/Workshops/

6 May 2018
Faculty of Pain Medicine (FPM)
Refresher Course Day: Pain - the dark side of the mind
International Convention Centre, Sydney, NSW
https://asm.anzca.edu.au/fpm-refresher-course-day/

7-11 May 2018
Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2018
Reflecting on what really matters
International Convention Centre, Sydney, NSW
http://asm.anzca.edu.au

9-12 May 2018
World Institute of Pain (WIP)
9th World Congress
Convention Centre Dublin, Dublin, Ireland
http://wip2018.kenes.com

15-16 May 2018
National Dementia Congress
9th Annual Congress 2018
Rendezvous Hotel, Melbourne, VIC
25-26 May 2018
Occupational Therapy Australia National Private Practice Symposium 2018
Successful Strategies for Sustainable Business
Stamford Grand, Adelaide, SA

30 May 2018
Choosing Wisely Australia
2018 National Meeting
National Convention Centre, Canberra, ACT

9-15 Jun 2018
Children’s Institute for Pain and Palliative Care, Children’s Minnesota
11th Annual Pediatric Pain Master Class
Windows on Minnesota, Minneapolis, USA
http://www.cvent.com/events/11th-annual-pediatric-pain-master-class/event-summary-8b1ce50f8c844dbd-92069810b577e80.aspx?fqp=true

16-17 Jun 2018
Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) Snapshots
Rehabilitation Snapshots 2018
Pullman Melbourne on the Park, Melbourne, VIC

27-29 Jun 2018
Australian & New Zealand Society for Geriatric Medicine (ANZSGM)
Cutting Edge: Optimising the Journey for Older Surgical Patients
International Convention Centre, Sydney, NSW
http://www.anzsgmconference.org

27-29 Jul 2018
Pharmaceutical Society of Australia - PSA18
Leading Pharmacy Innovation
TBA, Sydney, NSW

1-3 Aug 2018
Indigenous Conference Services
2018 International Indigenous Chronic Diseases Conference
Pullman, Cairns, QLD
http://www.indigenoushealth.net

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
CALENDAR OF EVENTS

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

21 Sep 2018
Pain Interest Group Nursing Issues (PIGNI) Professional Development Day
EOI
SMC Conference & Function Centre, Sydney, NSW

6-9 Oct 2018
Australian Society of Anaesthetists National Scientific Congress 2018
TBA
Adelaide Convention Centre, Adelaide, SA

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

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

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
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
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