29TH ANNUAL MEETING

PAIN MEDICINE
FORT LAUDERDALE
ADVANCING THE SCIENCE & PRACTICE OF PAIN MEDICINE

GREATER FORT LAUDERDALE/BROWARD COUNTY CONVENTION CENTER

APRIL 11–14, 2013
PRECONFERENCE SESSIONS BEGIN APRIL 10, 2013
OPENING RECEPTION, THURSDAY, APRIL 11 AT 5:15 PM
NOW MORE THAN EVER

INVITATION TO THE AMERICAN ACADEMY OF PAIN MEDICINE’S 29TH ANNUAL MEETING

PRESIDENT MARTIN GRABOIS, MD

Dear Colleagues,

It is my distinct privilege to invite you to the American Academy of Pain Medicine’s 29th Annual Meeting in Fort Lauderdale, FL. If there is one compelling reason that I could give you as to why you should attend the AAPM meeting, it is “Now more than ever!”

With the amount of pain that is in the news every day, our society needs us, now more than ever, to maintain a strong stance as pain experts to the medical community. And, now more than ever, the world needs pain physicians who understand the cadre of pain therapies and treatments: physicians who are grounded in pain science and can properly assess risk, navigate treatments, manage patients’ expectations, and supervise ongoing pain care. Finally, now more than ever, our world needs the hope that dedicated pain physicians can offer...a hope for improved quality of life!

This year’s meeting will provide the information you need on the latest science and advancements in the treatment of pain. It will provide you with more pain resources and connections with others so that you have the most current information from the front lines of pain medicine.

AAPM is pleased to promote an excellent lineup of expert faculty (pages 21–23) who will address the latest science and the most relevant topics (pages 6–20) facing pain practitioners today. There are also very relevant interventional and military tracks you won’t want to miss, not to mention the chance to brush up on pharmacology and practice management and a host of other informative sessions in the workshops. I encourage you to come early and take part in our preconference sessions on Ultrasound Guidance for the Pain Physician and Platelet-Rich Plasma Regenerative Therapy that begin on April 11 (page 9).

Finally, this year’s meeting provides excellent programming for your colleagues in primary care. Why not consider inviting them to accompany you to our popular Essential Tools for Treating the Patient in Pain™ program on April 10–11?

As the premiere pain association, we are committed to

• the highest standard of patient care
• scholarship, science, and research
• upholding ethical standards and professional integrity
• advancing public health.

AAPM’s Annual Meeting will be the perfect forum for these endeavors. Register today, because now, more than ever, people with pain need your clinical expertise and leadership.

Registration is open, so why not take a moment and register right now. I look forward to seeing you in Fort Lauderdale.

Sincerely,

[Signature]

Martin Grubois, MD
President, American Academy of Pain Medicine

PS: Register and make your travel plans early for greatest savings. This is a meeting you won’t want to miss.
CONTINUING MEDICAL EDUCATION CREDITS

Accreditation Council for Continuing Medical Education
The American Academy of Pain Medicine (AAPM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education (CME) for physicians. AAPM designates all AAPM CME activities associated with the 29th Annual Meeting for a maximum of 32.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ACCME's "Accreditation with Commendation" Awarded to AAPM's Education
AAPM's education was recently resurveyed by the ACCME and awarded Accreditation with Commendation for a term of 6 years as a provider of CME for physicians. The 6-year accreditation is the highest accreditation awarded by the ACCME.

The ACCME rigorously evaluates the overall CME programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the U.S.

ACCME accreditation seeks to assure both physicians and the public that CME activities provided by the Academy meet the high standards of the essential areas, elements, policies, criteria, and standards for accreditation as specified by the ACCME.

AAPM 29TH ANNUAL MEETING AND RELATED EDUCATIONAL PROGRAMS
29th Annual Meeting ........................................ up to 16.25 credits
Essential Tools for Treating the Patient in Pain™............... 16 credits
Ultrasound Guidance for the Pain Physician ................. 4 credits
Platelet-Rich Plasma Preconference ......................... Non-CME activity

Please note: Attendees cannot receive credit for simultaneous sessions, including preconference sessions and concurrent workshops. The highest number of credits can be earned by combining the 29th Annual Meeting and Essential Tools for Treating the Patient in Pain™, which will provide a maximum of 32.25 CME credits.

American Academy of Family Physicians (AAFP)
An application for American Academy of Family Physicians (AAFP) CME credit has been filed with the AAFP. Determination of credit is pending.

American Academy of Physician Assistants (AAPA)
The American Academy of Physician Assistants (AAPA) accepts Category 1 CME credit from the American Osteopathic Association Council on Continuing Medical Education (AOACCME), prescribed credit from AAFP, and AMA PRA Category 1 Credit™ for the Physician’s Recognition Award (PRA) organizations accredited by ACCME.

DISCLOSURE
It is the policy of AAPM to plan and implement educational activities in accordance with ACCME’s Essential Areas and Elements to ensure balance, independence, objectivity, and scientific rigor. As an ACCME-accredited provider, AAPM is eligible to receive commercial support from commercial interests but cannot receive guidance, either nuanced or direct, on the content of the activity or on who should deliver the content.

All program faculty and planners are required to disclose all financial relationships they may have or have had within the last 12 months with commercial interests whose products or services are related to the subject matter of the presentation. Any real or apparent conflicts of interest will be resolved prior to the presentation. Planning committee disclosures are listed in this brochure. All confirmed faculty disclosure information will be made available to attendees on the AAPM Annual Meeting website and in the program book. Faculty will also be expected to disclose this information to the audience both verbally and in print (slide presentation) at the beginning of each presentation.

Faculty members are also required to inform program participants if any unlabeled uses of products regulated by the U.S. Food and Drug Administration will be discussed.

SYLLABUS FORMAT
Registrants will be able to view, download, and print faculty slides and presentation information on the website 1 week prior to the 29th Annual Meeting and after the meeting.

A printed schedule of sessions and events will be provided to each attendee. Evaluation forms will be available online.

Disclaimer
AAPM reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If AAPM must cancel the meeting, registrants will receive a full credit or refund, minus a processing fee of $25. AAPM is not liable for any other loss, cost or expense, however caused, incurred or arising from cancellation.

NOW MORE THAN EVER!
Patients need pain physicians who understand the care of pain therapies and treatments.
Learn about the latest science and advancements in the treatment of pain.
ABOUT THE MEETING

WHO SHOULD ATTEND
AAPM educational programming is targeted for pain medicine practitioners and all healthcare professionals seeking to increase their knowledge, competence, and performance related to common pain medicine protocols, including prescribing practices recommended to maximize the safety and effectiveness of opioid analgesic therapy, as well as their understanding of the growing field of comprehensive pain medicine through evidence-based research, clinical practice standards and guidelines, and interactive educational strategies.

Recent program participants included specialists in anesthesiology, physical medicine and rehabilitation, family practice, internal medicine, neurology, psychiatry, nursing, neurosurgery, and rheumatology. Their practice settings included private pain practice clinics, hospital-based practices, academic research institutions, Veteran's Administration health systems, the military, private practices, multispecialty clinics, and research and public health settings. This program provides a comprehensive overview and review of current and cutting-edge pain medicine practice topics that benefit pain practitioners of all levels of clinical experience in pain medicine, with over 33.6% of participants having more than 15 years of clinical experience in pain medicine, 16.6% having 1–3 years of clinical experience, 16.3% having 7–10 years of clinical experience, 13% having 4–6 years of clinical experience, 12.3% having 1–3 years of clinical experience, and 8.3% having less than 1 year of clinical experience in pain medicine. No prior preparation is required to attend.

WHY YOU SHOULD ATTEND
• Implement evidence-based pain practices in your practice “back home.”
• Improve knowledge, competence, and performance of pain medicine interventions.
• Gain knowledge of new scientific research and findings surrounding the understanding and clinical treatment of pain medicine.
• Focus on advanced pain medicine modalities.
• Review the fundamentals of pain medicine.
• Gain an understanding of changes to the practice of pain medicine in your practice resulting from healthcare reform and Risk Evaluation and Mitigation Strategies (REMS).
• Enhance your practice performance with the newest products and services showcased in the exhibit hall.
• Advance the interdisciplinary approach to pain care.
• Gain critical insight into current healthcare rules and regulations.
• Network with other pain specialists at the most comprehensive meeting for the clinical management of pain.
• Gain valuable insight into the patient-centered approach to pain care.

MEETING OBJECTIVES
After attending this meeting, participants should be better able to
• Assess, diagnose, and evaluate patients with a variety of acute and chronic pain disorders.
• Develop appropriate goals and longitudinal treatment plans for patients with acute and chronic pain.
• Identify, treat, and/or appropriately refer patients with addiction and other psychological disorders.
• Improve safety and decrease risks associated with established pain medicine therapies and interventions.
• Implement new therapies, techniques, and diagnostic procedures in pain management.
• Improve the assessment, evaluation, and treatment of chronic pain patients with psychological issues.
• Evaluate the regulatory issues and other healthcare reform implications surrounding the practice of pain medicine.
• Implement strategies and processes for providing patient-centered care in a changing healthcare environment.
• Maximize efficiencies and improve the business model of pain medicine.
• Improve the scientific rigor and quality in their practice of pain medicine.

2013 ANNUAL MEETING DESIRED OUTCOMES
• Foster and maintain a knowledgeable and competent workforce of pain medicine clinicians.
• Demonstrate measurable improvements in competence and knowledge in the interdisciplinary practice of pain medicine.
• Implement changes in prescribing patterns that reduce risks and improve the safety of the acute and chronic pain population.
• Address and overcome system barriers to improve the delivery of pain care throughout the healthcare continuum.
• Advance practice-based learning, interpersonal and communication skills, and professionalism as embraced by the American Board of Medical Specialties.

SPECIAL SERVICES
AAPM will work to accommodate any attendees with a disability. Advance notification is needed to accommodate all special requests, as stated in the U.S. Department of Justice Americans with Disabilities Act.
Annual Meeting Co-Chairs

**Steven P. Stanos, Jr., DO**
Rehabilitation Institute of Chicago
Chicago, IL
Coviden (speaker), DepoMed (advisory board–consultant); Endo Pharmaceuticals (speaker, advisory board/consultant); Gruenenthal (advisory board/consultant); Lilly (speaker, advisory board/consultant); MyMatrix (advisory board/consultant); Nuvo (advisory board/consultant); Ortho–McNeil (speaker, advisory board/consultant); Pfizer (speaker, research); Purdue Pharma (speaker, advisory board/consultant)

**Jeffrey M. Tiede, MD MAJ MC USA**
Dwight D. Eisenhower Army Medical Center
Fort Gordon, GA
Nevro Inc. (stock options, consulting fees–consultant, advisory committee)

Committee Members

**James W. Atchison, DO**
Rehabilitation Institute of Chicago
Chicago, IL
No relevant financial relationships

**Chester “Trip” Buckenmaier III, MD COL MC USA**
Defense and Veterans Center for Integrative Pain Management
Rockville, MD
No relevant financial relationships

**Steven D. Feinberg, MD MPH**
Feinberg Medical Group
Palo Alto, CA
American Pain Solutions (salary–chief medical officer); Cedaron AMA Guides Software (medical advisor); Electronic Waveform Lab, Inc. (stipend–scientific advisory committee)

**Diane M. Flynn, MD COL MC USA**
Madigan Army Medical Center
DuPont, WA
No relevant financial relationships

**Martin Grabois, MD**
Baylor College of Medicine
Houston, TX
Pfizer (honorarium–medical advisory board)

**W. Michael Hooten, MD**
Mayo Clinic
Rochester, MN
No relevant financial relationships

**Leonardo Kapural, MD PhD**
Wake Forest Baptist Medical Center and Carolinas Pain Institute
Winston-Salem, NC
Medtronic (honorarium–workshop); St. Jude Medical (honorarium–workshop)

**Sean Mackey, MD PhD**
Stanford University Medical Center
Palo Alto, CA
No relevant financial relationships

**Bill H. McCarberg, MD**
Neighborhood Healthcare
San Diego, CA
Abbott (honorarium–speaker); Endo (honorarium–speaker); Forest (honorarium–speaker); Piscara (honorarium–speaker); Purdue Pharma (honorarium–speaker)

**Michele Meddings, PA-C**
Dwight D. Eisenhower Army Medical Center
Ft. Gordon, GA
No relevant financial relationships

**J. Cameron Muir, MD**
Capital Caring
Falls Church, VA
National Comprehensive Cancer Network (NCCN) (honorarium–speaker); Genentech (honorarium–speaker)

**William O. Murray, MSN ACNS-BC RN-BC MAJ MIL USA**
Tripler Army Medical Center
Honolulu, HI
No relevant financial relationships

**Ravi Prasad, PhD**
Stanford University Medical Center
Redwood City, CA
No relevant financial relationships

**Alison A. Stout, DO**
VA Puget Sound Health Care System
Seattle, WA
American Academy of Pain Management Ultrasound (honorarium–faculty)

**Ajay D. Wasan, MD MSc**
Brigham and Women’s Hospital
Chestnut Hill, MA
No relevant financial relationships

Essential Tools for Treating the Patient in Pain™ Co-Chairs

**Farshad M. Ahadian, MD**
University of California–San Diego
La Jolla, CA
Boston Scientific (research support); Si-Bone (research support)

**Gagan Mahajan, MD**
University of California–Davis School of Medicine
Sacramento, CA
No relevant financial relationships

Scientific Poster Session Chair

**James C. Watson, MD**
Mayo Clinic
Rochester, MN
Nevro Corporation (data safety monitoring board)

**Jeffrey M. Tiede, MD MAJ MC USA**
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**Science Poster Session Chair**

**James C. Watson, MD**
Mayo Clinic
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Nevro Corporation (data safety monitoring board)

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**Program Directors**

AAPM is pleased to welcome and host a meeting of the Association of Pain Program Directors.

**Pain Medicine Fellows, Residents, and Students**

There will be a reception for fellows, residents, and students to meet with program directors and learn more about the specialty of pain medicine.

**NETWORKING OPPORTUNITIES**

**THURSDAY, APRIL 11**

**5:15–6:45 pm**

**Welcome Reception**
Join friends and colleagues for the Welcome Reception. Exhibits and Poster Sessions (Group 1) will be available for visitation.

**FRIDAY, APRIL 12**

**8–8:15 am**

**AAPM President’s Welcome Address**

**6–7:30 pm**

**Reception**
Visit the Exhibits and Poster Sessions (Group 2).

**SATURDAY, APRIL 13**

**1:30–2:15 pm**

**AAPM Members’ Business Meeting**

**AAPM Awards Presentation**

PRECONFERENCE SESSIONS†

WEDNESDAY, APRIL 10—THURSDAY, APRIL 11

Essential Tools for Treating the Patient in Pain™ (PME)
What Every Primary Care and Pain Specialist Needs to Know

Co-Chairs
Farshad M. Ahadian, MD (pictured left)
Gagan Mahajan, MD

Essential Tools for Treating the Patient in Pain™ is designed for clinicians interested in obtaining an overview of some of the fundamentals of pain medicine in addition to practical approaches to the treatment of common pain disorders. The program offers clinically focused lectures and case presentations on the assessment, diagnosis, and treatment of patients with various acute, cancer, end-of-life, and chronic pain syndromes. Handouts are available 1 week before the program and for attendee prepurchase for $35 (see registration form).

WEDNESDAY, APRIL 10

7:15–11:30 am, 1:15–5:30 pm
The Difficult Pain Patient: Barriers to Success
Farshad M. Ahadian, MD—Essential Tools Program Co-Chair

The Brain in Pain
Michael H. Moskowitz, MD MPH

Quick Approach to the Pain Psychiatric Interview
Jaesu Han, MD

Strategies for Success with Chronic Opioid Therapy
Gregory Polston, MD

The Role of Urine Drug Testing, Opioid Consent, and Agreement in Chronic Opioid Therapy
Gagan Mahajan, MD—Essential Tools Program Co-Chair

Guide to Aberrant Drug Behavior
Lynn R. Webster, MD

Strategies for Managing the Patient with Addiction and Pain
Edward C. Covington, MD

Pain and the Law
Edward Michna, MD JD RPh

Understanding and Treating Neuropathic Pain
Sean Mackey, MD PhD

Headache: Evaluation, Examination, and Treatment
Zahid H. Bajwa, MD

Facial Pain: Pharmacological and Injection Therapies
Zahid H. Bajwa, MD

Abdominal and Pelvic Pain
Carter Jones, MD PhD

THURSDAY, APRIL 11

7:15–11:30 am, 1:15–5:30 pm
Cervical and Lumbar Spine Pain: Assessment and Physical Exam
Steven P. Stanos, Jr, DO—Annual Meeting Co-Chair

Shoulder and Hip Pain: Assessment and Physical Exam
Steven P. Stanos, Jr, DO—Annual Meeting Co-Chair

Interventional Therapies for Spine Pain
Gagan Mahajan, MD—Essential Tools Program Co-Chair

Advanced Techniques in Pain Medicine
Farshad M. Ahadian, MD—Essential Tools Program Co-Chair

Gregory Polston, MD

Complications in Pain Medicine: From Medications to Injections
Edward Michna, MD JD RPh

Spine Surgery: Who Needs It?
Kenneth A. Follett, MD PhD

Myofascial Pain Syndromes
Jeffrey M. Tiede, MD MAJ MC USA—Annual Meeting Co-Chair

Medically Unexplained Physical Symptoms: What to Do?
Jaesu Han, MD

Cancer Pain and Palliative Care
David J. Copenhaver, MD MPH

Medical Acupuncture and Chronic Pain
Farshad M. Ahadian, MD—Essential Tools Program Co-Chair

The Science Behind Marijuana as an Analgesic
Michael H. Moskowitz, MD MPH

†There is an additional fee to attend all preconference sessions. Preregistration is required.
**THURSDAY, APRIL 11**

**7:30–11:30 am**

**Ultrasound Guidance for the Pain Physician (001am)**

Co-Chairs
Mark-Friedrich B. Hurdle, MD (pictured left)
Matthew J. Pingree, MD

Responding to the accelerated advancement in the use of ultrasound-guided blocks in the treatment of pain medicine, this program will provide an overview of the advantages and limitations of ultrasound guidance in the practice of pain medicine. This program will also provide hands-on application for the ultrasound novice to practice real-time techniques for common ultrasound procedures and review the available literature regarding feasibility, safety, and outcomes. Participation in this preconference session will enable attendees to improve both cognitive and practical skills related to the use of ultrasound technology for regional anesthesia and interventional pain procedures. Dissemination of knowledge related to the difference between ultrasound and fluoroscopy will be discussed in accordance with the advantages and disadvantages of each interventional technique.

**Faculty**
Mark-Friedrich B. Hurdle, MD, Ultrasound Program Co-Chair
Matthew J. Pingree, MD, Ultrasound Program Co-Chair
Steven J. Wisniewski, MD
Additional faculty TBD

**1:15–4:15 pm**

**Platelet-Rich Plasma (PRP): Regenerative Therapy (002)**

Regenerative medicine has been identified as a research priority in the treatment of pain. Injections of platelet-rich plasma (PRP) hold promise as a tool currently used to accelerate tissue repair and regeneration caused by injury or surgery. PRP consists of a concentrated platelet solution, which includes a small amount of the patient’s own blood, cytokines, and various factors that stimulate the healing of soft tissue including muscles, tendons, ligaments, joints and cartilage, and bone. Injections of PRP facilitate the natural healing process by calling in stem cells to repair the affected area. PRP injection therapy has been used to generate quicker recuperation in promoting quicker healing of injuries and surgeries, resulting in the lessening of the development of chronic pain disorders.

Building on the Academy’s commitment to providing cutting-edge research on therapies that can be used to treat both acute and chronic pain, this scientific program provides the attendee with an in-depth view of the background, science, and benefits of currently used PRP therapies, along with concerns regarding the lack of long-term results proving the efficacy of this promising therapy.

**Chair and Moderator**
Gerard A. Malanga, MD

**Introduction to Platelet-Rich Plasma**
Gerard A. Malanga, MD, PRP Program Co-Chair

**Basic Science of Platelet-Rich Plasma**
Shane A. Shapiro, MD

**Clinical Applications of Platelet-Rich Plasma: Tendinopathy**
Gerard A. Malanga, MD, PRP Program Co-Chair

**Clinical Applications of Platelet-Rich Plasma: Osteoarthritis and Cartilage Lesions**
David N. Westerdahl, MD

**Clinical Applications of Platelet-Rich Plasma: Surgery**
Shane A. Shapiro, MD

*This workshop is subject to cancellation if attendance does not meet capacity.

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**Note:** The Ultrasound Course is limited to 60 registrants per session and is subject to cancellation if attendance does not meet capacity.

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*There is an additional fee to attend all preconference sessions. Preregistration is required.*
PLenary Sessions

Friday, April 12

8–8:15 am
AAPM President’s Welcome Address (101)
Martin Grabois, MD

8:15–9:15 am
Keynote (102)
Faculty TBD

10:15–11:15 am
Clinical Trials and Clinical Practice: “There’s Many a Slip Twixt Cup and Lip” (103)
Robert H. Dworkin, PhD
Many clinical trials of new treatments for pain have not shown significant benefits vs. placebo. However, it typically cannot be determined whether these are “negative” trials of treatments that truly lack efficacy or “failed” trials of truly efficacious treatments. These results have challenging implications not only for discovering improved pain treatments but also for identifying evidence-based pain treatments for clinical practice. International efforts now underway seek to determine methodological factors that enhance the sensitivity of analgesic trials so that an evidence-based approach to clinical trials can be developed. This thought-provoking presentation explores the sensitivity inherent in clinical trials, providing valuable insights on the use of research in improving the treatment of pain in clinical practice.

Robert H. Dworkin, PhD, is a professor of anesthesiology, neurology, oncology, psychiatry in the Center for Human Experimental Therapeutics, as well as a director of Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION), a public-private partnership with the FDA, at the University of Rochester School of Medicine and Dentistry.

Saturday, April 13

8–9:30 am
Functional Neuroimaging of Chronic Pain: Promises and Pitfalls (105)

Current views recognize the role of neuroplasticity of the central nervous system in the development and maintenance of chronic pain states. There is now evidence from anatomical and functional brain imaging suggesting that the brains of chronic pain patients are different from those of their healthy counterparts. These findings have intriguing implications, including the possibility of deriving objective chronic pain biomarkers, which track with clinical pain report. However, many questions remain. Are these brain changes the cause or effect of pain and comorbidities? What are the consequences of such changes on brain regions and networks? Can these changes be reversed? These are some of the questions addressed in this plenary session.

This plenary session reviews the current understanding of central brain networks involved in both acute and chronic pain states as defined by recent studies utilizing non-invasive brain imaging technology. The faculty explores the promise shown in providing objective biological markers that track subjective clinical symptomatology such as chronic pain, possibly aiding in the identification of objective outcomes for use in clinical trials. In addition, this session presents recent fibromyalgia and low back pain research data.

Moderator
Sean Mackey, MD PhD

11:15 am–Noon
Plenary Research Highlights (104)
Increasing both the quality and quantity of scientific pain research remains a primary goal for the 29th Annual Meeting Planning Committee. The reputation of AAPM as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. The Scientific Poster Abstract Committee has selected three of the highest-ranking 2013 poster submissions for presentation in this plenary venue. An additional three of the highest-ranking poster submissions will be presented in a concurrent “Poster Research Highlights” session on Friday afternoon.

Moderator
James C. Watson, MD

James C. Watson, MD, is an assistant professor of neurology and a consultant for the Departments of Anesthesiology, Neurology, Clinical Neurophysiology, and the Division of Pain Medicine at Mayo Clinic in Rochester, MN.

Faculty TBD

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Functional Neuroimaging-Based Pain Detection: Objective Measure of Pain or Journey Down the Rabbit Hole? Sean Mackey, MD PhD

Sean Mackey, MD PhD, is professor of anesthesia (and of neurology and neurological sciences by courtesy) and chief of the Pain Management Division at Stanford University. He is also director of Stanford Systems Neuroscience and Pain Lab, co-director of Stanford Pain Research and Clinical Center, Pain Fellowship Program Director, and co-director of the Pain Working Group for the Neuroscience Institute at Stanford.

Does Chronic Pain Really Change the Brain? M. Catherine Bushnell, PhD

M. Catherine Bushnell, PhD, is scientific director of the Division of Intramural Research at the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health. Dr. Bushnell is responsible for establishing and overseeing a new, state-of-the-art program to be the focus of NCCAM’s intramural research on the brain’s role in perceiving, modifying, and managing pain.

Functional Brain Connectivity: A Potential Biomarker for the Chronic Pain State? Vitaly Napadow, PhD

Vitaly Napadow, PhD, is an assistant professor at the Martinos Center for Biomedical Imaging at Massachusetts General Hospital and Harvard Medical School in Boston, MA. Dr. Napadow holds secondary appointments as an assistant professor in the Pain Management Center at Brigham and Women’s Hospital, and is adjunct faculty at Logan College of Chiropractic.
**FRIDAY, APRIL 12**

**1:45–2:45 pm**
**Value-Based Care for Pain Medicine (201)**
The current climate of accountable care organizations, declining reimbursements, and bundled payments has amplified the importance of practicing evidence-based medicine to ensure payment for services provided. Pain medicine providers can easily document their outcomes for specific treatments and the population they care for in order to justify the “value” of their services. All pain clinicians should be aware of the most effective ways to gather and disseminate these outcomes data in order to meet what is rapidly becoming required in the current healthcare environment.

This session discusses the importance of understanding the health economics metric of “value-based medicine” in the context of the care that pain medicine providers deliver to patients, providing valuable information on electronic assessment tools that can be utilized to gather, track, and present value-based data. It also examines the payor’s perspective on outcomes of interest, degrees of useful data tracking, and cost calculations, identifying valuable tools the pain medicine provider can utilize to best justify and be appropriately reimbursed for the services provided.

Moderator
Ajay D. Wasan, MD MSc

A Systematic Review of Value-Based Care for Pain Medicine
Ajay D. Wasan, MD MSc

Electronic Pain-Treatment-Outcomes Tracking Tools
Robert N. Jamison, PhD

A Payor’s Perspective on Value-Based Care for Pain Medicine
Linda M. VanHorn, MBA

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**1:45–2:45 pm**
The International Spine Intervention Society (ISIS) was constituted to allow physicians interested in certain spinal diagnostic and treatment procedures to meet, define standards of practice, provide education, and undertake research into the validity and efficacy of these procedures. Subsequently, ISIS assumed a role in advocacy for these procedures. The Society has adopted accountability to the evidence in each of these activities. Although the standards were originally based on the experience of the pioneers of various procedures, these have been progressively amended in the light of research conducted by ISIS and others.

This session explores the indications for spinal injections, including examples of good evidence and poorly performed studies. It also examines interventions with little data in support, discussing how interventions should be part of a comprehensive treatment plan. In addition, this session provides an overview of interventional spinal procedures, discussing accountability to the ISIS 1st Edition Practice Guidelines: Spinal Diagnostic and Treatment Procedures. It also examines how failure of accountability results in complications and lack of efficacy in patient treatment and recovery. This is the first of three related sessions taking place in this Friday track.

Moderator
Nikolai Bogduk, MD PhD Dsc FFPM (ANZCA)

The Role of the International Spine Intervention Society (ISIS)
Nikolai Bogduk, MD PhD Dsc FFPM (ANZCA)

Overview of Procedures: Accountability to the Guidelines
Charles N. Aprill, MD

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**3:45–4:45 pm**
**Advancing Pain Research in Clinical Practice (204)**
The AAPM Research Committee remains committed to expanding the field of pain research, and is providing this education session as part of their continuing efforts to improve the research opportunities of AAPM members and meeting attendees. Pain experts in academia and private practice can utilize their own treatment outcomes to provide opportunities for clinical research, while simultaneously developing a quality improvement system. The busy pain clinician may be eager to take advantage of this clinical investigation but unsure of how to initiate the process.

This scientific session, featuring clinician-scientists, explores the process of initiating clinical research and the basics of analyzing data, providing attendees with the understanding of systematically assessing, tracking, and analyzing treatment outcomes in routine clinical practice. There will be ample opportunity for attendees to address specific issues and questions with a panel of expert faculty.

Moderator
Ajay D. Wasan, MD MSc

Creating a System Within Your Practice to Simultaneously Improve Quality and Perform Clinical Research
Ajay D. Wasan, MD MSc

Essential Clinical Research Considerations
R. Norman Harden, MD

Basic Statistics for Conducting Clinical Research
Robert R. Edwards, PhD
3:45–4:45 pm
Clinical Pearls of Safe Opioid Prescribing (205)
With a commitment to making high-impact, long-term change, the Academy has developed a patient safety-focused and continuing medical education (CME) program for all prescribers of opioids, with a particular focus on those prescribers within primary care. This scientific session will provide a brief overview of the Academy’s Safe Opioid Prescribing Program, including evidence-based prescribing practices that all prescribers should adopt to minimize risks and reduce harm to patients being treated with extended-release opioids in the treatment of chronic pain.

Moderators
- Lynn R. Webster, MD
- Steven P. Stanos, Jr, DO

3:45–4:45 pm
This education session reviews the basic techniques used in the performance of basic lumbar and cervical procedures, providing knowledge of the anatomy as well as the use of proper techniques that can decrease risk and improve outcomes of these interventional procedures. It also addresses various risk factors involved in interventional spinal procedures, including local, systemic, and implantable device risks. In addition, this session explores the importance of providing the proper education, knowledge, and skills necessary for spine care providers to achieve successful outcomes for their pain patients. This is the second of three related sessions taking place in this Friday track.

Moderator
Nikolai Bogduk, MD PhD Dsc FFPM (ANZCA)
The Disc: Pathophysiology, Imaging, Stimulation, and Interventions
Timothy P. Maus, MD
Lumbar Transforaminal Epidurals: Indications, Applications, and Procedures
Claire L. Tibiletti, MD

5–6 pm
Advancing Interventional Pain Treatment Through Ultra-Minimally Invasive Spinal Solutions (207)
The field of interventional pain management is rapidly evolving and expanding. In order to continue practicing on the forefront of the specialty, pain clinicians should periodically review both currently available and emerging therapies and techniques that can be used in the treatment of chronic pain. This is particularly important as these new treatment options may reduce the need for neurosurgical and orthopedic treatment options in the future.

This scientific session enlightens practitioners in current trends and emerging therapies in interventional pain management. It also explores the use of ultra-minimally invasive spinal solutions to reduce surgical risk from more invasive therapies, resulting in reduced pain and improved patient outcomes.

Moderator
Timothy R. Deer, MD
MILD: Prospective Studies of Efficacy and Safety
Timothy Davis, MD
Stem Cells and Other Biologics
Timothy R. Deer, MD
The Diminishing Role of Open Spine Surgery
Faculty TBD

5–6 pm
Chronic Pain in Women (208)
Physicians and healthcare professionals often encounter female patients suffering with chronic pain. These patients frequently present with challenging and complex issues that can be difficult to treat, resulting in a large group of the female chronic pain population being undertreated for a variety of pain syndromes. Pain clinicians can improve their care of women suffering with chronic pain through education, awareness, and understanding of the complexities that affect this chronic pain population.

This session discusses chronic pain and pain syndromes specific to women, providing important information on sex differences in pain response, managing chronic pelvic pain, and challenging aspects of chronic pain management when faced with a pregnant opioid-tolerant patient.

Moderator
May L. Chin, MD
Challenges with the Opioid-Tolerant Pregnant Patient
May L. Chin, MD
Sex Differences in Pain Responses
Roger B. Fillingim, PhD
Chronic Pelvic Pain
Timothy J. Ness, MD PhD

5–6 pm
Improving Interventional Pain Through Accountability, Evidence, Research, and Education: An International Spine Intervention Society (ISIS) Perspective—Part 3 (209)
Two of the most rigorously studied procedures in interventional pain medicine are cervical medial branch blocks and cervical radiofrequency. Medial branch blocks can detect the source of pain in some 50% of patients with chronic neck pain. Radiofrequency neurotomy is the only treatment for neck pain that has been shown to relieve pain completely, restore normal life, and eliminate psychological distress. Basic science research has recently provided a comprehensive model of the physiology of chronic pain stemming from the cervical zygapophysial joints, which fully complements the clinical evidence of a genuine entity that can be diagnosed and successfully treated.

Besides keeping up-to-date on scientific issues related to their clinical practice, spine interventionalists must consider current healthcare reform issues as they relate to spine interventions, as well as trends that will affect the future practice of spinal interventions.

This session discusses two procedures used in the profession, cervical medial branch block and cervical radiofrequency, providing a recently released comprehensive model of treatment. It also explores current healthcare reform issues and reimbursement trends as they relate to the future of spine intervention, providing information regarding proper utilization techniques, and research that can improve interventional care. In addition, the faculty provides information regarding advocacy, research, training, and additional opportunities and resources available to those in the profession. This is the last of three related sessions taking place in this Friday track.

Moderator
Nikolai Bogduk, MD PhD Dsc FFPM (ANZCA)
Cervical Medial Branch Block and Cervical Radiofrequency
Nikolai Bogduk, MD PhD Dsc FFPM (ANZCA)
Advocacy for Spinal Intervention
Claire L. Tibiletti, MD
10:45–11:45 am
Chronic Pain and Addiction: Lessons Learned from Interdisciplinary Chronic Pain Rehabilitation Programs (301)
Individuals with chronic, nonmalignant pain are often prescribed opioid analgesics, resulting in increased risks of prescription drug abuse or dependence. In response, many states have enacted legislation requiring special licensing, certification, and continuing education for physicians who treat more than half of their patients suffering from chronic pain with controlled substances. Compounding this problem, little data exists to outline treatment approaches for individuals with comorbid pain and addiction within the context of an interdisciplinary chronic pain rehabilitation program (ICPRP), resulting in few ICPRP programs appropriately addressing chronic pain and addiction simultaneously through patient and family education and functional restoration. This inadequate treatment methodology often results in the inappropriate or unsuccessful treatment of patients.

This session highlights two intensive ICPRPs for individuals with persistent, non-malignant pain: the Cleveland Clinic’s Chronic Pain Rehabilitation Program and the Rosomoff Comprehensive Rehabilitation Center.

Moderator
Fernando S. Branco, MD

Comorbid Pain and Addiction: Prevalence and Diagnostic Conundrums
Edward C. Covington, MD

Experiences from the Cleveland Clinic Chronic Pain Rehabilitation Program
Sara A. Davin, PsyD MPH

Experiences from the Rosomoff Comprehensive Rehabilitation Center
Fernando S. Branco, MD

10:45–11:45 am
Psychopharmacology: A Review for Pain Practitioners (302)
Although the benefits of the multidisciplinary approach in managing chronic pain have been proven, multidisciplinary pain clinics are limited in scope due to financial pressures. This deficiency in multidisciplinary pain care has resulted in larger numbers of patients suffering from untreated or undertreated psychiatric illness reporting to pain practitioners. In addition, these patients report with a higher level of pain and have less successful outcomes from pharmacologic and interventional pain therapies. The combination of unrelenting pain and mental illness further predisposes these individuals to addictive behavior.

This session provides the pain practitioner with a practical, clinically relevant review of psychopharmacologic agents, including side effect profiles, management, caveats in prescribing, and dosing ranges. In addition, it examines the pharmacology for addiction, providing essential information regarding when it is appropriate to refer a patient to an addiction specialist.

Moderator
Binit J. Shah, MD

Psychopharmacology: A Review
Binit J. Shah, MD

Pharmacology for Addiction
Christina Delos Reyes, MD

10:45–11:45 am
The Future of Spinal Cord Stimulation and Intrathecal Drug Therapy (303)
Despite evidence of efficacy, the use of neuromodulation for pain, including spinal cord stimulation (SCS) and intrathecal drug therapy (IDT), often remains underutilized due to cost-effectiveness concerns that result in funding restrictions and reimbursement difficulties. A poignant example is Washington state’s refusal to fund spinal cord stimulation. The “paradox” of neuromodulation includes high-quality evidence of treatment efficacy and a large population that stands to benefit, balanced against a lack of awareness concerning treatment cost-effectiveness. Institutional barriers to funding these neuromodulation therapies must be recognized and overcome on the basis of clinical evidence of efficacy, safety, and cost-effectiveness to successfully treat the many chronic, nonmalignant pain patients who would benefit from this treatment.

This session explores the literature review and faculty experience in working with SCS and IDT. It evaluates the clinical evidence of efficacy, safety, and long-term cost-effectiveness in the treatment of chronic and neuropathic pain states, including failed back surgery syndrome, complex regional pain syndrome, refractory angina pectoris, and peripheral arterial disease. Faculty then compare and contrast this treatment with conventional medical management for chronic pain, stressing the importance of time-dependent initiation of SCS and IDT in generating the greatest functional improvements. Suggestions for overcoming funding restrictions in providing these treatments will be presented.

Moderator
Krishna Kumar, MBBS MS FRCS(C)

Neuromodulation: State of Evidence, Economic Challenges, and Suggestions to Improve Outcomes
Krishna Kumar, MBBS MS FRCS(C)

Cost-Effectiveness of Intrathecal Drug Therapy and Spinal Cord Stimulation
Syed Rizvi, MD

Cost Impact of Intrathecal Polyanalgesia
Sharon Bishop, MHS BNurs
10:30 am–Noon

Meeting the Challenge: Demonstrating Coordinated Quality Pain Care to Our Service Members and Veterans—Part 1 (304)

Knowledge of the acute pain and comprehensive pain medicine strategies used by the DoD and the VHA in treating returning military veterans injured in combat experience can be of tremendous benefit to all healthcare practitioners working with pain patients. The innovative treatment techniques developed by these groups are particularly important.

This session focuses on managing acute pain as a pathophysiologic entity rather than simply attempting to treat the symptoms of acute pain. It provides an understanding of acute pain services and their evolution toward the practice of acute pain medicine, the organization and workings of the acute pain medicine service, multidisciplinary vs. multimodal analgesia, and the future of fellowship training in acute pain medicine. This session explores the evidence behind assorted pain interventions and classifications of patients suffering from rib fractures of differing severity. In addition, it provides a status update on an AAPM 2012 Annual Meeting concurrent session, the PASTOR/PROMIS (Patient Assessment and Outcomes Registry/Patient Reported Outcomes Measurement Information System). This DoD and National Institutes of Health (NIH) collaborative effort has been designed to provide federal medicine with a pain outcomes registry and clinical decision support tool. This is the first of four sessions offered in this special Saturday track. All attendees are welcome to attend these sessions.

Moderator
Chester “Trip” Buckenmaier, III, MD COL MC USA

Evolution and Practice of Acute Pain Medicine
Michael L. Kent, MD

Analgesia for Rib Fractures: A Needle Too Far?
Patrick J. Tighe, MD MS

PASTOR/PROMIS Pain Outcomes System
Karon F. Cook, PhD

1:30–2:30 pm

Meeting the Challenge: Demonstrating Coordinated Quality Pain Care to Our Service Members and Veterans—Part 2 (305)

This education session discusses the differences between a military functional recovery program and civilian programs, evaluating initial treatment results. It also explores the integration of complementary and alternative therapies into a chronic pain treatment program, based on the Army’s experience. This is the second of four sessions offered in this special Saturday track. All attendees are welcome to attend these sessions.

Moderator
Jeffrey M. Tiede, MD MAJ MC USA

Initial Outcomes for the Intensive Outpatient Program of Functional Rehabilitation
Mary Ellen Earwood, MD

Complementary and Alternative Pain Treatments in the Army
Richard P. Petri, MD COL MIL USA MEDCOM WBAMC

2:30–4 pm

Headache: The Common, Can’t Miss, and Interventionally Amenable (306)

Headache is a common referral to a pain specialist, with proper treatment demanding a thorough understanding of appropriate diagnosis and treatment options. Examination and diagnosis are particularly important as what may appear to be common headache symptoms can mask serious and life-threatening neurological conditions. Improved treatment can best be accomplished when the practitioner is able to recognize the distinct patterns and discerning features of diagnosis through the history or examination, is alert for serious and sinister causes of headache, and is aware of red-flag symptoms often overlooked by common presentations and unremarkable imaging.

This case-based session examines the importance of discerning history taking and physical examination to improve headache classification and treatment, providing an update on evidence-based treatment options. In addition, this session discusses the role of specialized head imaging magnetic resonance venography (MRV), contrast MRI, and cerebrospinal fluid, along with appropriate ancillary testing and referral. This session will also improve awareness of interventional treatment techniques available for the patient suffering from intractable headache.

Moderator
James C. Watson, MD

Common Headache Syndromes
Zahid H. Bajwa, MD

Can’t-Miss Headache Syndromes
James C. Watson, MD

Interventionally Amenable Headache
Samer Narouze, MD PhD
2:30–4 pm
Assessing Impairment and Disability: Updates and Challenges of the Independent Medical Exam (IME) and AMA Guidelines for Rating Impairment (307)
The evaluation of pain and disability is complex and multifaceted due to both administrative and clinical issues. Administratively, it is complicated by numerous state, federal, and private systems and policies with different definitions and benefit systems. Clinically, quantifying pain remains problematic as chronic pain is a subjective phenomenon, often associated with confounding behavioral, characterological, personality, and psychological issues. Typically a physician does not define “disability,” but instead defines clinical issues, functional deficits, and, when requested, impairment, with disability most often being an administrative determination. The evaluating physician must approach this evaluation from a biopsychosocial perspective, often in the context of an independent medical evaluation, provided at the request of a third party, in which no medical care is provided. As an integral factor of the exam process, physicians need to understand how the 6th edition of the AMA Guides for Impairment Ratings in Patients with Chronic Pain guidelines were constructed, how they are to be used, and what the future holds for the 7th edition.

This session explores the complex issues involved in providing quality, independent medical evaluations, differentiating between a consulting treatment and a medical legal evaluation, as well as clarifying the distinction between disability and impairment. Faculty experts discuss the importance of maintaining impartiality and providing supportable conclusions, with the goal of providing improved reporting that will be of considerable benefit to all involved. This session also examines the concepts used in the development of the 6th edition guidelines, their use in developing an impairment rating for patients with pain, and the AAPM position on issues with the 6th edition, including the analysis toward improving the development of the future 7th edition guidelines.

Moderator
Martin Grabois, MD
Assessing Disability in the Pain Patient
Steven D. Feinberg, MD MPH
The Independent Medical Examination (IME)
Steven D. Feinberg, MD MPH
Utilizing the 6th AMA Guidelines for Impairment Rating in Patients with Chronic Pain
Robert D. Rondinelli, MD PhD

2:30–4 pm
Prospective Evidence-Based Studies for Implantable Therapies (308)
The evolution of new technologies continually revolutionizes the practice of interventional pain medicine. It is vital that the pain practitioner receive a detailed review of evidence-based studies that have been completed on these new technologies. The data obtained in these studies, including proper patient selection, device, or procedure efficacy, utilization, risks, and patient outcomes, assists the provider in determining improved treatment plans for larger numbers of pain patients.

This scientific session reviews three evidence-based studies of new technologies that have recently been published: the StimRouter™ System for chronic peripheral nerve system pain; high-frequency spinal cord stimulation—the results of an international study; and dorsal root ganglion stimulation—the results of a multicenter international study. It provides a comprehensive review of these studies, along with information on the risks and benefits to ensure proper utilization, improved patient selection, and therapeutic outcomes. This session also reviews study data, providing an objective look at the cutting-edge clinical devices currently available in the United States.

Moderator
Timothy R. Deer, MD
Prospective Evidence-Based Studies for Implantable Therapies
Timothy R. Deer, MD
Spinal Cord Stimulation of the Dorsal Root Ganglion and Peripheral Nerve Stimulation
Faculty TBD
High-Frequency Spinal Cord Stimulation
Leonardo Kapural, MD PhD

2:30–4:15 pm
Meeting the Challenge: Demonstrating Coordinated Quality Pain Care to Our Service Members and Veterans—Part 3 (309)
This session explores the accomplishments experienced by various branches of the Department of Defense in treating chronic pain within individual comprehensive pain management program models, describing successful treatment methodology within these innovative programs. It also explores utilization of stellate-ganglion blockade as an effective and enduring treatment for posttraumatic stress disorder. This is the third of four sessions offered in this special Saturday track. All attendees are welcome to attend these sessions.

Moderator
Steven R. Hanling, MD CDR MC USN
The Organizational Structure of the Department of Defense’s Attack on Pain in the Service Member
Jeffrey M. Tiede, MD MAJ MC USA
Steven R. Hanling, MD CDR MC USN
The Treatment of Posttraumatic Stress Disorder (PTSD) with Stellate-Ganglion Blockade
Steven R. Hanling, MD CDR MC USN
Clinical Pearls of Pain Medicine (310)
If you are looking for a fast-paced, targeted, interactive approach to emerging topics in pain medicine, look no further. This session is the quickest and most efficient way to cover key concepts on multiple emerging topics within pain medicine. This session explores five promising pain treatment topics of particular interest to pain clinicians.

Moderator
Steven P. Stanos, Jr., DO

Smoking and Chronic Pain: Does It Really Matter?
W. Michael Hooten, MD

Hypogonadism: What a Pain Physician Needs to Know About Assessment and Treatment
Bill H. McCarrberg, MD

Platelet-Rich Plasma (PRP): Overview and Review of the Evidence
Gerard A. Malanga, MD

New Sacroiliac Joint Interventional Procedures: A Shot in the Dark or New Techniques That Work?
James W. Atchison, DO

Using Exercise as Medicine for Spinal Pain Disorders
Venu Akuthota, MD

Managing Acute Pain in Chronic Opiate Patients (312)
The usage of opiate medications, both illicit and for treatment of chronic nonmalignant pain conditions, has increased dramatically over the last 15 years. This has created challenges in managing acute pain, including perioperative pain, among chronic opiate-using patients. Inadequate pain control is a common complaint of patients with coexisting chronic pain and may contribute to significant adverse outcomes. Recent data from structural, functional, and molecular imaging studies support the notion that chronic pain has characteristics of a disease rather than just a constellation of symptoms. In addition, genetic variations may influence individual responsiveness to opiate medications. Pain medicine clinicians, as well as anesthesiologists, have been increasingly confronted with these challenges in recent years due to limited guidance from the medical literature.

This scientific session focuses on a medical literature-based review of the challenges of acute pain management with chronic opiate-using patients, reviewing the pharmacology of opiates and the current epidemiology of opiate usage in the treatment of chronic nonmalignant pain. It reviews the current science regarding chronic pain as a disease, identifying specific challenges and strategies of managing acute pain in this patient population. The session also addresses various pain treatment methodologies, including intrathecal drug delivery systems, spinal anesthesia, joint replacement surgery, intraoperative ketamine, and regional anesthesia techniques, as well as perioperative maintenance medications such as methadone and buprenorphine.

Moderator
Daniel J. Leizman, MD

What We Do and What We Know: Epidemiology and Pharmacology of Opiate Usage
Daniel J. Leizman, MD

Chronic Pain as a Disease and the Challenges of Perioperative Pain Control in the Chronic Pain Patient
Dmitri Souzdalnitski, MD PhD

Intraoperative Ketamine, Spinal Anesthesia, and Perioperative Intrathecal Pump Management in Chronic Opiate Patients
Samuel W. Samuel, MD

Regional Anesthesia Techniques in Chronic Pain Patients
Karina Gritsenko, MD

Perioperative Implications and Management Strategies of Chronic Opiates, Including Methadone and Buprenorphine
Englok Yap, MD
Implementing Stepped Pain Care in Federal Health Systems: Opportunities and Challenges—Part 4 (313)

The Department of Defense (DoD) and Department of Veterans Affairs (VA) are working together to ensure that service members, veterans, and other beneficiaries receive the same standards of effective pain management regardless of whether they are seen in a VA or DoD facility. Specifically, they are focused on eliminating unwarranted variations in pain management throughout the systems. In addition, the transition from DoD to VA is a focus of this effort to ensure that an interruption in treatment does not occur as a result of moving between healthcare systems. To achieve these goals, the VA/DoD Health Executive Council has appointed an interdisciplinary Pain Management Workgroup, supported by the Defense and Veterans Center for Pain Management and the VA’s National Pain Office and National Pain Management Strategy Coordinating Committee, to implement a model system of measurement-based, integrated, timely, continuous, and expert biopsychosocial stepped pain management. This is being accomplished through three main lines of effort; interdisciplinary clinical pain medicine, patient/provider pain education and training, and pain research.

This session highlights aspects of this work, including emerging treatments for acute pain, how treatments can be combined throughout the continuum of care for better effectiveness in preventing or managing chronic pain, educational and training initiatives, and the organizational strategies deployed in a capitated, population-based healthcare system. This is the final session offered in this special Saturday track. All attendees are welcome to attend this session.

**Stepped Care In Patient Aligned Care Teams (PACT)**
- **Moderator**
  - Rollin M. Gallagher, MD MPH

**Primary Care Pain Initiative**
- **Stephens A. Eraker, MD MPH FACP**
- **Ilene R. Robeck, MD**

**Stepped Care Study Outcomes: The Evaluation of Stepped Care for Chronic Pain (ESCAPE) Trial**
- **Rollin M. Gallagher, MD MPH**

**Stepped Specialty Secondary and Tertiary Pain Care**
- **Moderator**
  - **Rollin M. Gallagher, MD MPH**
  - **Stephen A. Eraker, MD MPH FACP**

**Pain Medicine Specialty Teams**
- **Friedhelm Sandbrink, MD**

**Commission on Accreditation of Rehabilitation Facilities (CARF) and Pain Rehabilitation**
- **Michael E. Clark, PhD**

**Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) and Pain Training in the Veterans Health Administration (VHA) and Department of Defense (DoD)**
- **Rollin M. Gallagher, MD MPH**
- **Kevin T. Galloway, MHA BSN COL MC USA**

**Panel Discussion**
- **Moderator**
  - **Rollin M. Gallagher, MD MPH**
- **Panel**
  - **Michael E. Clark, PhD**
  - **Stephen A. Eraker, MD MPH FACP**
  - **Kevin T. Galloway, MHA BSN COL MC USA**
  - **Ilene R. Robeck, MD**
  - **Friedhelm Sandbrink, MD**

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**SUNDAY, APRIL 14**

**8:30–9:30 am**

**Chronic Abdominal Pain: An Interdisciplinary Approach (401)**

Patients suffering from chronic abdominal pain are increasingly seeking evaluations from pain physicians. In some cases, a surgeon requests that a patient undergo an assessment by a psychologist and an evaluation by a pain medicine physician to identify if the patient may be a good candidate for interventional therapies. In other cases, patients are referred when a gastroenterologist and surgical evaluation fails to reveal a potential cause for the pain. While a pain physician may be helpful in providing therapies from medical treatment to a variety of interventional treatment options, the collaborative approach to therapy and treatment utilized by an interdisciplinary chronic abdominal pain clinic may provide more comprehensive pain care for these patients.

This session explores the treatment of chronic abdominal pain at an interdisciplinary chronic abdominal pain clinic, utilizing case study presentations and subsequent round-table discussion to best illustrate this approach in treating this pain population. The faculty illustrates the diversity of patient pathology, as well as the diagnostic and therapeutic interventions these clinics offer the abdominal pain patient. In addition, this session describes the formation of an interdisciplinary chronic abdominal pain clinic, a topic of particular interest to pain practitioners interested in implementing this standard of care closer to home.

**Moderator**
- **Bruce M. Vrooman, MD**

**Panel**
- **Bruce M. Vrooman, MD**
- **Leonardo Kapural, MD PhD**
- **Mehul J. Desai, MD MPH**

**8:30–9:30 am**

**The Differentiation of Shoulder vs. Neck Pain (402)**

The use of a comprehensive physical exam to determine the preferred treatment options for shoulder or neck pain has become underutilized. Many clinicians do not perform a physical exam specific to the painful region, instead ordering and depending upon tests such as MRI scans. Although not 100% reliable, the performance of a thorough examination of the shoulder region, as well as the diagnostic and therapeutic interventions these clinics offer the shoulder pain patient. In addition, this session discusses pain evaluation and treatment of shoulder pain, a topic of particular interest to pain practitioners interested in implementing this standard of care closer to home.

**Moderator**
- **James W. Atchison, DO**

**Panel**
- **Structural and Functional Examination of the Cervical and Thoracic Spine**
  - **James W. Atchison, DO**

**Functional Exam of the Shoulder and Correlation with Treatment and Injection Options**
  - **David J. Kennedy, MD**


**8:30–9:30 am**

**Hot Topics in Pain Psychology: Essentials for the Pain Physician (403)**

It is critical that the pain clinician understand the important role that psychology has proven to play in the comprehensive and successful treatment of the pain patient. Cutting-edge research indicates that many psychological treatments lessen the suffering of pain, while some personality disorders actually cause the patient to experience increased pain. Understanding the nuances of this research, as well as the various psychological treatment tools available, will provide the pain clinician with tools to improve clinical treatment of their pain patients.

This session explores various psychological treatments that have been proven to successfully treat the patient in pain, including cognitive, behavioral, and mindfulness interventions. It also discusses the basic fundamentals of various personality disorders, revealing how these conditions can impact and complicate clinical treatment of the patient patient.

**Moderator**

Ravi Prasad, PhD

**Cognitive Behavioral Therapy (CBT)**

Ravi Prasad, PhD

Beth D. Darnall, PhD

**Personality Disorders**

Ravi Prasad, PhD

**Mindfulness**

Beth D. Darnall, PhD


**9:45–10:45 am**

**National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing (405)**

The current healthcare climate has led to an increased need for pain research to prove evidence-based practice techniques, but this need is countered by a less-than-optimal financial climate, resulting in decreased funding available to pain researchers. A successful application for research funding requires careful planning, along with a keen understanding of grant writing within the appropriate funding system.

This scientific session outlines the grant writing, peer review, and funding processes of grant application at the National Institutes of Health (NIH). The faculty provides critical information on NIH funding opportunities in pain research as well as defined funding mechanisms, peer review processes, and referral processes with the NIH. This session provides an excellent opportunity to investigate NIH grant writing from a principal investigator’s perspective.

**Moderator**

Yu (Woody) Lin, MD PhD

**Funding Opportunities and Mechanisms at NIH**

Yu (Woody) Lin, MD PhD

**NIH Peer Review and Referral Processes**

Lee S. Mann, PhD JD

**NIH Grant Writing from a Principal Investigator’s Perspective**

Sean Mackey, MD PhD


**9:45–10:45 am**

**Treating Insomnia and Fatigue in the Chronic Pain Population (404)**

Sleep disturbances, especially insomnia and fatigue, are prevalent and persistent in chronic pain sufferers, with up to 70% of pain clinic patients reporting poor sleep. Reductions in both REM and non-REM sleep are associated with hyperalgesia, decreased levels of pain threshold, and decreased activity and tolerance, resulting in increased levels of disability, pain intensity, depression, and anxiety. Pain clinicians should understand how sleep and circadian rhythms become perturbed in their chronic pain patients in order to better provide appropriate treatment.

This session discusses how inflammatory, circadian, and biobehavioral models linking chronic pain, insomnia, and fatigue have a direct clinical relevance in improving care. It describes how the pain clinician can take an efficient office-based history of sleep, fatigue, and circadian rhythms, using this information to plan the most effective treatment. In addition, the session demonstrates how to apply evidence-based pharmacological and behavioral interventions using a step-wise approach.

**Moderator**

Jordan F. Karp, MD

**Focused Assessment and Pharmacological Management of Insomnia and Fatigue at the Pain Clinic**

Jordan F. Karp, MD

**Understanding Circadian Rhythms and Sleep Disruption in Chronic Pain: Implications for Behavioral Interventions**

Daniel J. Buysse, MD

**Experimental Models of Sleep Disruption in Chronic Pain Patients**

Michael T. Smith, PhD

**The Need for the New Algorithm**

Joshua P. Prager, MD MS

**Integrating Modalities**

Joshua P. Prager, MD MS

**Looking at the Evidence**

Michael Stanton-Hicks, MD
Concurrent Sessions

11 am–Noon

Curbing Opioid Dose Escalation in Chronic Non-Cancer Pain (407)
Opioid use in chronic non-cancer pain has reached epidemic proportions, causing serious negative outcomes despite limited evidence of long-term efficacy. Despite having less than 5% of the world’s total population, the United States consumes 80% of the world’s opioids. Unfortunately, the United States leads the world in the number of unintentional deaths due to drug overdosing, with the number of deaths eclipsing those related to both cocaine and heroin use combined for the past 5 years. It has been noted that higher rates of opioid-related deaths have been linked to physicians with higher prescribing patterns. Increasing dosages can cause a range of serious adverse effects, including opioid-related hyperalgesia. It is vital that pain prescribers be knowledgeable of adverse effects inherent in prescribing opioid medication.

This session examines the scope and factors of oral and intrathecal opioid use in non-cancer chronic pain patients, offering evidence of the deleterious effects of opioid dose escalation, as well as the critical importance of curbing this escalation. It also discusses the psychological and legal ramifications surrounding the use of opioids, providing recommendations for the optimal use of opioids in the treatment of chronic non-cancer pain.

Moderator
Salim M. Hayek, MD PhD

Psychological and Legal Ramifications of High-Dose Opioids in Chronic Non-Cancer Pain
Binit J. Shah, MD

Deleterious Effects of Opioid Dose Escalation in Chronic Non-Cancer Pain
Jianren Mao, MD PhD

Curbing Intrathecal Opioid Dose Escalation in Chronic Non-Cancer Pain
Salim M. Hayek, MD PhD

11 am–Noon

Improving the Diagnosis and Treatment of Cancer Pain Syndromes (409)
Over the past 40 years, the number of cancer survivors in the United States has increased from 3 million to 12 million, with almost 30% of these patients suffering from moderate to severe cancer-related pain. This pain can be secondary to the disease invasion of various organs and tissues, or a result of treatment such as a surgery, chemotherapy, immunotherapy, or radiation. With the advent of novel treatment modalities of various types of cancer, there has been a significant increase of a broad range of cancer pain syndromes with unique characteristics not seen in other medical fields. These unique pain syndromes affect not just the quality of life of cancer patients, but often frequently impose limitations on the patient’s ability to tolerate life-saving treatment. The pain practitioner must be aware of treatment for these syndromes in order to provide effective and compassionate care to this population.

This scientific session examines several unique cancer pain mechanisms and syndromes that affect therapeutic approaches in the treatment of pain in the cancer patient. It also discusses the medical management of cancer pain syndromes, including the multidisciplinary approach to treating cancer pain. This session also explores advanced interventional pain management approaches to cancer pain treatment.

Moderator
Vitaly Gordin, MD

Cancer Pain Mechanisms and Syndromes
Vitaly Gordin, MD

Management of Cancer-Related Pain
Larry C. Driver, MD

Interventional Approaches to Cancer-Related Pain
Allen W. Burton, MD

11 am–Noon

Best Practices for Lumbar Spinal Stenosis (408)
Lumbar spinal stenosis is increasing as the population ages. The pain, disability, and lost productivity caused by this potentially disabling condition has become a significant healthcare issue. It is critical that pain practitioners provide a rapid diagnosis and initiate proper treatment of this slow-progressing disease to prevent its potentially devastating effects, while allowing patients to return to previous levels of activity.

This session discusses the epidemiology and incidence of lumbar stenosis while reviewing the postural changes that occur in the spine during the degenerative cascade. It differentiates between the radiologic presence of stenosis and the clinical diagnosis of this syndrome, as well as the difference between vascular claudication and neurogenic claudication. The session also explores the validity and reliability of physical exam maneuvers, providing procedures that can be used in diagnosing the disease. In addition, it reviews treatment options useful in determining current and future treatments available to best predict successful outcomes, with an emphasis on prediction models, future testing, and ongoing research.

Moderator
James W. Atchison, DO

Epidemiology and Pathway to Develop Lumbar Spinal Stenosis
James W. Atchison, DO

Clinical Manifestations and Correlation with Diagnostic Testing of Lumbar Spinal Stenosis
David J. Kennedy, MD

The Evidence Regarding Current and Future Treatment Options
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AAPM FACULTY AND DISCLOSURES  

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Exhibit Information

Exhibits

The AAPM 29th Annual Meeting will feature more than 100 exhibiting companies showcasing products and services specifically designed for the leaders in the study and treatment of pain. By visiting the exhibitors, you will learn more about the advancements that will keep you and your organization at the forefront of your field. AAPM exhibitors feature products and information in the following areas:

- Alternative delivery systems
- Business management services
- Clinical research
- Clinical trial management
- Education
- Electronic health records
- Laboratory equipment and instruments
- Laboratory testing
- Medical devices
- Medical dispensing
- Medical publications
- Medical supplies and equipment
- Pain management
- Pharmaceuticals
- Recruitment
- Specialty infusion

Exhibitors (as of 11/1/12)

ACIGI Relaxation/Dr. Fuji
Addison Health Systems, Inc.
Aegis Sciences Corporation
Allmeds
American Chronic Pain Association
ARUP Laboratories
Automated HealthCare Solutions
Bako Dermatopathology Services
Boston Scientific
Callaway Labs
Carolina Liquid Chemistries Corp.
Clinical Reference Laboratory, Inc. (CRL)
Cosman Medical, Inc.
Custom Meds by The Snyder Center of Pain Pharmacology
Depomed, Inc.
Dominion Diagnostics
eLab Solutions
Elsevier, Inc.
Esaote North America, Inc.
Gideons International, The Jazz Pharma
Kimberly-Clark Corporation
Linear Medical Solutions
Mallinckrodt (a Covidien Company)
MasterPharm Compounding Pharmacy
MEDTOX Laboratories
Medtronic, Inc.
MicroLiter Analytical Supplies Inc.
Millennium Laboratories
Nektar Therapeutics
Neurotherm, Inc.
Nordic Naturals
Oxford University Press
Physicians Business Network
Practice Partners in Healthcare, Inc.
RS Medical
Quest Diagnostics
Regenesis Biomedical, Inc.
Select Laboratory Partners
St. Jude Medical
Streamline MD, LLC
Stryker
Terasan
Teva Pharmaceuticals
Zogenix, Inc.

Exhibits and Posters Schedule

Thursday, April 11

Opening Reception with Exhibits and Posters (Group 1) ........................................ 5:15–6:45 pm

Friday, April 12

Exhibits Open ................................................................. 9–10:30 am, 2:30–7:30 pm
Break with Exhibits and Posters (Group 1) ............................................. 9:15–10:15 am
Break with Exhibits ............................................................... 2:45–3:45, 4:45–5 pm
Reception with Exhibits and Posters (Group 2) ........................................... 6–7:30 pm

Saturday, April 13

Exhibits Open ................................................................. 9:30 am–10:45 am
Break with Exhibits and Posters (Group 2) ............................................. 9:30–10:45 am

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Non-CME satellite symposia will be held in conjunction with the Annual Meeting. These independently sponsored, commercially supported symposia are open to meeting registrants. These programs will discuss the views of a commercial interest. They do not meet continuing education requirements and do not offer continuing medical education credit. The AAPM Program Planning Committee has reviewed and approved the symposia after determining the topics are relevant to the audience and complementary to the official AAPM program. There is no additional fee to attend these symposia, but preregistration is required. Seating will be available on a first-come, first-served basis. Program details and speakers are subject to change. A complete list of satellite symposia will be available at the Annual Meeting section of the AAPM website at www.painmed.org or at www.symposiareg.org/aapm, where you can register.

THURSDAY, APRIL 11

Noon–1 pm
Unmet Needs in the Treatment of Chronic Pain with Hydrocodone: Filling the Treatment and Knowledge Gap
Hydrocodone is the most highly prescribed combination analgesic, however it remains the only opioid not yet available in either an extended-release formulation or as a single agent (free of acetaminophen). As a result, immediate-release hydrocodone is often used to treat chronic pain patients, but concerns about acetaminophen-related toxicity, inconvenient frequent dosing, and large pill counts have demonstrated the clinical need for an extended-release hydrocodone analgesic-free of acetaminophen.
This symposium, which is intended for all involved in patient pain management, will characterize these ongoing unmet medical needs in the context of the current treatment landscape, review an array of clinical considerations, and identify opportunities to improve patient care. Presenters will also discuss an extended-release formulation of an acetaminophen-free hydrocodone bitartrate analgesic that is currently under investigation for the treatment of moderate-to-severe pain in patients requiring around-the-clock opioid therapy for an extended period of time. This extended-release hydrocodone analgesic may be approved by the presentation date; if so, the session will include discussion on this new entry to the pain market.

This activity is funded through a grant from Zogenix, Inc.

FRIDAY, APRIL 12

12:30–1:30 pm
Pain Care and Opioids...The Future
There are three themes in this symposia.
1. The background and “politics” of opioid care. We will be exploring latest issues of REMS, government involvement, patient perspectives, and what care givers can do to help most effectively.
2. The need for newer, better treatments. We will be exploring all the new kinds of opioids and what the future may hold.
3. What the treatment team can do today to navigate a difficult area across team boundaries. We will be giving advice on what to do today to manage severe pain.

Topics and Faculty—TBD

Objectives
• Understand the current severe pain care environment fully.
• Understand what makes a “good” opioid and what the future may hold.
• Understand how a treatment team today can help patients the most.

This activity is funded through a grant from Nektar.

SATURDAY, APRIL 13

12:15–1:15 pm
Personalizing Pain Care with Pharmacogenetics
Individual genetic differences in medication metabolism can affect the efficacy, side-effect profile, and drug-drug interactions of medication therapy in pain care. Genetic differences may help to explain suboptimal pain control, medication interactions, adverse effects, the need for higher or lower dosing, and unexpected urine drug test (UDT) results. This session will introduce the clinical value of pharmacogenetic testing (PGT), a new diagnostic tool that identifies a patient’s ability to metabolize medications commonly used in pain management. PGT results may help prescribers optimize choice of effective medication therapy while potentially minimizing side effects and drug-drug interactions. Case studies will be presented that highlight the value of pharmacogenetic testing and discuss the clinical application of an individual’s metabolism profile as it relates to personalized medication therapy.

Topics and Faculty—TBD

Objectives
• Describe the basics of opioid metabolism.
• Define how genetic variations may impact an individual’s medication metabolism.
• Realize that genetic variations may cause clinically significant differences in medication efficacy and toxicity.
• Identify genetic phenotypes, which may allow clinicians to more effectively personalize each patient’s treatment, better predict and understand patient’s responses to medications, and improve both efficacy and reduce adverse effects of drug treatment.

This activity is funded through a grant from Millennium Laboratories.
Welcome to the premier organization for pain medicine physicians and members of their treatment teams. Visit www.painmed.org to view all your AAPM membership has to offer.

THANK YOU FOR YOUR INTEREST IN JOINING THE AMERICAN ACADEMY OF PAIN MEDICINE.

Active Physician Members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada. Documents required: completed application form and dues payment. Medical license will be verified online. Please provide the appropriate information in your application.

International Members are physicians (MDs or DOs) who have a license to practice medicine in their country of origin outside of the United States and Canada. Documents required: completed application form, dues payment, and copy of medical license.

Affiliate Members are nonphysician healthcare professionals (registered nurses, nurse practitioners, physician assistants, physical therapists, psychologists, or pharmacists) who are involved in direct patient care on pain teams. They must be sponsored by an active physician member of AAPM. (If you do not know a current AAPM member, please contact Karen Kathan at kkathan@painmed.org or 847.375.4887). Documents required: completed application form, dues payment, and verification of sponsorship by an active AAPM member. Healthcare license will be verified online. Please provide the appropriate information on the application. E-mail verification of sponsorship to kkathan@painmed.org or fax to 847.375.6477 (attn: Karen Kathan).

Students, Residents, and Trainees must provide a letter from their current department head or program director, verifying enrollment and good standing. Please indicate medical license information below if applicable.

Membership Categories

☐ Active Physician Membership ($375) ☐ International Membership ($250) ☐ Affiliate Membership ($190)

☐ Student Membership ($0) Graduation Date: ___________ ☐ Resident ($0) Graduation Date: ___________

☐ Trainee in fellowship program (1st year: $0, [letter from current program director is required]) Start Date: ___________ Graduation Date: ___________

Name ________________________________ Professional Degree ________________________________

Mailing address (office) ________________________________ Mailing address (home) ________________________________ City ________________________________ City ________________________________ State ________________ State ________________ Zip Code ________________ Zip Code ________________

Phone (office) ________________________________ Fax (☐ home ☐ office) ________________________________

Phone (home) ________________________________ Cell phone: ________________________________ E-mail (office) ________________________________

Date of Birth ________________________________ What's your specialty of origin? ________________________________

Are you board certified? ☐ yes ☐ no Name of board ________________________________

Required: Professional Licensure: Type ________________________________ State ________________________________ Date ________________ License Number ________________________________

Is your license restricted? ☐ yes ☐ no If yes, please explain ________________________________

What method would you prefer to renew your membership dues? ☐ phone ☐ electronically ☐ mail

Would you like a copy of your invoice sent to your office manager/assistant? ☐ yes ☐ no

Office Manager/Assistant Name ________________________________ E-mail address: ________________________________

Are you a member of the American Medical Association? ☐ yes ☐ no

Are you a member of another professional medical association? ☐ yes ☐ no If yes, which one(s): ________________________________

Physicians only: Are you a Diplomate of the American Board of Pain Medicine? ☐ yes ☐ no Years of Experience in Pain Medicine ___________

Practice Focus/Special Interest (Check all that apply)

☐ Regional anesthesia, nerve blocks ☐ Implantable technology ☐ Surgical Interventions ☐ Medical pain management

☐ Manual medicine ☐ Rehabilitation ☐ Acupuncture ☐ Pain and addictive disorders

☐ Psychological treatment ☐ Other (specify) ________________________________

Current Practice Setting (Check all that apply)

☐ Medical school ☐ Hospital ☐ Private practice (solo)

☐ Private practice (group) ☐ Outpatient ☐ Military

☐ Academic medical setting ☐ Other (specify) ________________________________

Age Focus of Clinical Practice (Check all that apply)

☐ Pediatric (birth–16 years) ☐ Adult (17–65 years) ☐ Geriatric (over 65 years) ☐ Adult and geriatric ☐ All age groups

Payment ☐ Check (made payable to AAPM) ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Account number ________________________________ Expiration Date ________________ Signature ________________________________ Date ________________

American Academy of Pain Medicine
8735 W. Higgins Rd, Suite 300 | Chicago, IL 60631 | 847.375.4731 | fax 847.375.6477 | info@painmed.org | www.painmed.org

Do you have a question about membership? Contact AAPM Membership Marketing Manager at kkathan@painmed.org.
REGISTRATION

AAPM Active Physician Members
To take advantage of this registration rate, members must be in good standing when registering for the meeting. Active members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada. These physicians spend a significant portion of their time treating pain patients and studying pain disorders.

Affiliate Members (Nonphysician Healthcare Professionals)
Available to physician assistants, nurses, nurse practitioners, and other nonphysician healthcare professionals who are involved in direct patient care on pain teams. A letter of recommendation from an active physician member of AAPM is required at the time of registration.

Students, Residents, and Trainees
To take advantage of this registration rate, written documentation of current status (e.g., faculty letter) must be provided at the time of registration. Student, resident, and trainee members must be enrolled and in good standing in a residency or fellowship program in an institution in the United States, or in a curriculum of allopathic or osteopathic medicine in the United States. There is no membership fee for students and residents and no first-year fee for trainee members.

Join and Register (save $275)
Physicians planning to register for the AAPM Annual Meeting who currently are not AAPM members can join the Academy for an additional $75 and receive a full year of membership benefits. AAPM Membership is open to physicians (MD or DO) who have an unrestricted license to practice medicine and who spend a significant portion of their time treating pain patients and studying pain disorders. The membership application, including license information, is required at the time of registration. Membership information will be sent approximately 3 weeks after processing the registration.

AAPM members enjoy many benefits, including
• discounts on attending the Annual Meeting
• subscription to Pain Medicine, a peer-reviewed indexed journal (12 issues per year)
• Pain Medicine Network, AAPM’s newsletter
• e-News, a biweekly e-newsletter with the most current information on pain medicine
• access to the library of pain medicine resources, position statements, coding information, and the interactive Member Community on AAPM’s website, www.painmed.org.

Spouse and Guest Registration
Each registrant may purchase guest badges for $180 per badge. The badges allow access to meal functions, plenary sessions, and the exhibit hall during the annual meeting. Continuing medical education credit is not offered. All attendees must wear their badges at all times during the meeting.

FORT LAUDERDALE, FL
Known as America’s Venice, Greater Fort Lauderdale has 23 miles of coast and 300 miles of inland canals and intracoastal waterway. Board a water taxi to visit restaurants and other destinations including Las Olas Boulevard, home to shopping, dining, and entertainment.

For more information regarding things to do during your visit, please visit www.sunny.org.

HOTEL
Hilton Fort Lauderdale Marina
1881 SE 17th Street
Fort Lauderdale, FL
954.463.4000, Fax 954.527.6705
Visit www.painmed.org/annualmeeting for the hotel reservation link.
Rate: $199 (single/double)*
Cutoff: March 7, 2013
*This special rate will apply until the cut-off date, or when the room block is filled; at that point, other rates may apply.

The Hilton Fort Lauderdale Marina is one of the city’s most stylish destinations. For total relaxation, a tropical oasis is yours at an outdoor heated swimming pool and tropical deck area. Take advantage of shuttle service to one of the world’s most famous beaches. Stroll the 33-slip marina with impressive yachts and state of the art facilities.

The Greater Fort Lauderdale Convention Center, where most AAPM activities will take place, is across the street from the Hilton Fort Lauderdale Marina.

TRAVEL
The closest airport to the Fort Lauderdale Hilton and the convention center is the Fort Lauderdale-Hollywood International Airport (FLL). www.broward.org/airport/Pages/Default.aspx
Miami International Airport (MIA) is approximately 30 miles from the Fort Lauderdale Hilton. (www.miami-airport.com/)

UNITED is offering special meeting discounts for attendees. You may book online at www.united.com; enter your offer code ZNX6231461 in the offer code box when searching for your flights. If booking through a travel professional or United Meetings at 800.426.1122, please use the following information: agreement code—231461 and Z code—ZNX6. Outside of the United States, please call your local United Airlines Reservation Office.

Experience dependable, first-rate service and earn miles in MileagePlus, United’s award-winning frequent flyer program. To enroll in MileagePlus, log on to www.united.com.
Cardholder’s name (Please print)

Please type or print clearly. Use a separate form for each registrant.

Full name ____________________________ First name for badge ____________ Credentials ____________ National Provider Identifier (NPI)# ________

Facility ____________________________ Facility City/State ____________________________

Preferred address | (home) | (office) | (home) | (office) ____________________________ ____________________________ ____________________________ ____________________________

Contact information listed here will be included in the attendee registration list that is distributed at the meeting. You may opt to have your contact information removed from this list in Box G below.

Home phone ____________________________ Office phone ____________________________ Fax ____________________________

E-mail (required) ____________________________

Check here if this will be your first AAPM Annual Meeting. (fta) Check here if you are a primary care physician. (pcp)

Emergency contact name ____________________________ Day phone ____________________________ Evening phone ____________________________

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box I.

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**Annual Meeting Registration | April 11–14, 2013**

<table>
<thead>
<tr>
<th>AAPM Physician Member</th>
<th>Join &amp; Register Physician*</th>
<th>AAPM Affiliate Member</th>
<th>Join &amp; Register Affiliate*</th>
<th>AAPM Student, Resident, Trainee Member</th>
<th>Join &amp; Register Student, Resident, Trainee*</th>
<th>Military**</th>
<th>Nonmember</th>
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**Preconference Seminar Registration | Thursday, April 11**

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<th>AAPM Affiliate Member</th>
<th>AAPM Student, Resident, Trainee Member</th>
<th>Military*</th>
<th>Nonmember</th>
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</table>

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**Concurrent Scientific Session Selections**

Please indicate which sessions you plan to attend.

**Friday, April 12**

- 9:45–10:45 am: (Essential Tools for Treating the Patient in Pain™ begins on April 10, 2013, and preconference seminars begin on April 11, 2013.)

**Saturday, April 13**

- 1:15–4:15 pm: Platelet-Rich Plasma (PRP): Regenerative Therapy (002)

**Sunday, April 14**

- 3:45–4:45 pm: (SDK)

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**Essential Tools for Treating the Patient in Pain™ Registration**

(April 10, 7:15 am–5:30 pm; April 11, 7:15 am–5:30 pm)

<table>
<thead>
<tr>
<th>AAPM Physician Member</th>
<th>AAPM Affiliate Member</th>
<th>AAPM Student, Resident, Trainee Member</th>
<th>Military*</th>
<th>Nonmember</th>
<th>Handouts</th>
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<td>$35</td>
<td>$875</td>
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</tbody>
</table>

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**Special Requests**

- I will need a kosher meal. (SDK)
- I will need a vegetarian meal. (SDV)

**SPECIALTY**

- Please mark your specialty and select your credentials:
  - Anesthesiology
  - Neurology
  - Physical Medicine and Rehab

**Payment**

- MasterCard: Make check payable to AAPM
- Visa
- American Express
- Discover
- Check (enclosed)

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**Account number**

Expiration date

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**CANCELLATION POLICY:**

All cancellations must be submitted in writing. A $100 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after March 15, 2013. All refunds will be processed after the Annual Meeting.
Get the Latest Updates

World-Class Plenary Sessions
Cutting-Edge Workshops on
• Evidence-Based Pain Medicine
• Military Sessions
• Healthcare Reform, REMS, IOM
• The Mind of Pain
• News-Maker Sessions
• In-Demand Workshops
• Hottest Topics in Pain Today
REGISTER NOW AT WWW.PAINMED.ORG/ANNUALMEETING