29TH ANNUAL MEETING

PAIN MEDICINE

FORT LAUDERDALE

ADVANCING THE SCIENCE & PRACTICE OF PAIN MEDICINE

APRIL 11–14, 2013
PRECONFERENCE SESSIONS BEGIN APRIL 10, 2013

GREATER FORT LAUDERDALE/BROWARD COUNTY CONVENTION CENTER

29TH ANNUAL MEETING • PROGRAM BOOK
INNOVATION FOCUSED ON PAIN RELIEF™

COVERAGE. FLEXIBILITY. ADVANCED CONTROL.

DESIGNED TO PROVIDE MORE PAIN RELIEF TO A BROADER SPECTRUM OF PATIENTS.
29TH ANNUAL MEETING SUPPORTERS

ANNUAL MEETING COMMERCIAL SUPPORTERS*

*These companies supported an educational grant.

ANNUAL MEETING CORPORATE SUPPORTERS

GOLD LEVEL

Medtronic

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ALLERGAN

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MILLENIUM LABORATORIES

SILVER LEVEL

Jazz Pharmaceuticals

SILVER LEVEL

Zogenix

SILVER LEVEL

BRONZE LEVEL

eLab SOLUTIONS

BRONZE LEVEL

Pfizer

Listing as of March 1, 2013

VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
With more than 9 million annual drug tests, Quest Diagnostics is the right choice for you.

Our Prescription Drug Monitoring tools work hand-in-hand with your practice:

- Testing for major prescription drugs used in chronic pain treatment as well as common drugs of abuse
- Convenient specimen collection in your office or one of over 2,000 locations
- Nationwide courier service
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- Pharmacogenetic testing for drug metabolism genotype
- Comprehensive diagnostic menu to support your testing needs

Visit us at QuestDiagnostics.com/prescriptiondrugmonitoring to learn how easily you can implement Prescription Drug Monitoring in your practice.

Visit us at booth 207 at the American Academy of Pain Medicine's 29th Annual Meeting.
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Dear Colleagues,

It is my distinct privilege to welcome you to the American Academy of Pain Medicine’s 29th Annual Meeting in Fort Lauderdale, FL. Our theme for this year’s meeting is “Now More Than Ever!”

Now more than ever, our society needs us to maintain a strong stance as pain experts to the medical community. With the amount of pain that is in the news every day, 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!

I’m sure you will get all the information you need at this year’s meeting on the latest science and advancements in the treatment of pain. You should leave with more pain resources and connections with other pain physicians to put you at the front lines of pain medicine.

You can peruse the excellent lineup of expert faculty who will address the latest science and the most relevant topics facing pain practitioners today (see page 29). Also, be sure to check out our interventional and military tracks, as well as pharmacology and practice management workshops in the schedule at a glance (page 12).

As the premier pain association, the Academy is committed to

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

Please make the most of this week, because now more than ever, people with pain need your clinical expertise.

Sincerely,

Martin Grabois, MD
AAPM President
Join us for an official independent breakfast satellite symposium held in conjunction with the American Academy of Pain Medicine’s 29th Annual Meeting

The Appropriate Use of Opioid Medications and the Role of Abuse-Deterrent Formulations

Saturday, April 13, 2013

6:45 am—7:45 am
(Breakfast and Registration begin at 6:15 am)

Greater Ft. Lauderdale/Broward County Convention Center
Grand Ballroom H-F

Faculty

Charles E. Argoff, MD
Professor of Neurology
Albany Medical College
Director, Comprehensive Pain Program
Albany Medical Center
Albany, New York

Perry G. Fine, MD
Professor of Anesthesiology
Pain Research Center
School of Medicine
University of Utah
Salt Lake City, UT

Program Overview

Chronic pain is often a complex phenomenon, and appropriate management requires a comprehensive approach, with the use of pharmacologic as well as nonpharmacologic interventions. While opioid medications are among the pharmacologic options for chronic pain, these medications may be misused or abused by the treated patient, or they may be diverted for misuse or abuse by others. It is important that physicians and patients be made aware of these risks and that prescribers adopt strategies and tactics to support the safer use of opioid medications. The development of abuse-deterrent formulations of prescription opioid medications is considered a high public-health priority. Preapproval and postapproval studies can be used to assess the abuse-deterrent properties of these formulations.

There is no registration fee for attending this commercially supported symposium; however, seating is limited. To preregister for The Appropriate Use of Opioid Medications and the Role of Abuse-Deterrent Formulations, please register online at www.sympoisareg.org/aapm or contact Heather Deja at (847) 375-3676. Preregistration does not guarantee seating. We do recommend arriving at the symposium location early.

THIS IS A NON-CME PROGRAM
2012–2013 LEADERSHIP

2012–2013 BOARD OF DIRECTORS

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Gilbert Fanciullo, MD

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COUNCIL OF PAST PRESIDENTS

1985 Benjamin L. Crue, Jr., MD FACS
1986 Joel L. Seres, MD
1987 Robert G. Addison, MD (Deceased)
1988 Philipp M. Lippe, MD
1989 Jack J. Pinsky, MD
1990 Andrew G. Shetter, MD
1991 Sridhar V. Vasudevan, MD
1992 E. Richard Blonsky, MD (Deceased)
1993 Peter R. Wilson, PhD MBBS
1994 Richard L. Stieg, MD
1995 Hubert L. Rosomoff, MD DMedSc FAAPM (Deceased)
1996 Steven D. Feinberg, MD
1997 Gerald M. Aronoff, MD
1998 J. David Haddox, DDS MD (Vice Chair)
1999 Norman J. Marcus, MD
2000 Edward C. Covington, MD
2001 Albert Ray, MD
2002 Marc B. Hahn, DO
2003 Melvin C. Gitlin, MD (Chair)
2004 Samuel J. Hassenbusch, MD PhD (Deceased)
2005 Scott M. Fishman, MD
2006 Frederick W. Burgess, MD PhD
2007 B. Todd Sitzman, MD MPH
2008 Kenneth A. Follett, MD PhD
2009 Rollin M. Gallagher, MD MPH
2010 Eduardo M. Fraifeld, MD MPH
2011 Perry G. Fine, MD
### 2013 PROGRAM COMMITTEE AND DISCLOSURES

#### ANNUAL MEETING CO-CHAIRS

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Location</th>
<th>Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven P. Stanos, Jr., DO</td>
<td>Rehabilitation Institute of Chicago, Chicago, IL</td>
<td>Coviden (speaker); DepoMed (advisory board/consultant); Endo Pharmaceuticals (speaker, 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)</td>
</tr>
<tr>
<td>Jeffrey M. Tiede, MD MAJ MC USA</td>
<td>Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA</td>
<td>Nevro Inc. (stock options, consulting fees–consultant, advisory committee)</td>
</tr>
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</table>

#### ESSENTIAL TOOLS FOR TREATING THE PATIENT IN PAIN™ CO-CHAIRS

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Location</th>
<th>Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farshad M. Ahadian, MD</td>
<td>University of California–San Diego, La Jolla, CA</td>
<td>Boston Scientific (research support); St-Bone (research support)</td>
</tr>
<tr>
<td>Gagan Mahajan, MD</td>
<td>University of California–Davis School of Medicine, Sacramento, CA</td>
<td>No relevant financial relationships</td>
</tr>
</tbody>
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#### SCIENTIFIC POSTER SESSION CHAIR

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Location</th>
<th>Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>James C. Watson, MD</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Medtronic (honorarium–workshop); St. Jude Medical (honorarium–workshop)</td>
</tr>
</tbody>
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#### COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Location</th>
<th>Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>James W. Atchison, DO</td>
<td>Rehabilitation Institute of Chicago, Chicago, IL</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Chester (Trip) Buckenmaier III, MD COL MC USA</td>
<td>Defense and Veterans Center for Integrative Pain Management, Rockville, MD</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Steven D. Feinberg, MD MPH</td>
<td>Feinberg Medical Group, Palo Alto, CA</td>
<td>American Pain Solutions (salary–chief medical officer); Cederon AMA Guides Software (medical advisor); Electronic Waveform Labs, Inc. (stipend–scientific advisory committee)</td>
</tr>
<tr>
<td>Diane M. Flynn, MD COL MC USA</td>
<td>Madigan Army Medical Center, DuPont, WA</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Martin Grabois, MD</td>
<td>Baylor College of Medicine, Houston, TX</td>
<td>Pfizer (honorarium–medical advisory board)</td>
</tr>
<tr>
<td>W. Michael Hooten, MD</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Leonardo Kapural, MD PhD</td>
<td>Wake Forest Baptist Medical Center and Carolinas Pain Institute, Winston-Salem, NC</td>
<td>Medtronic (honorarium–workshop); St. Jude Medical (honorarium–workshop)</td>
</tr>
</tbody>
</table>

#### Sean Mackey, MD PhD

- Redlich Professor of Pain Medicine
- Department of Anesthesiology, Pain and Perioperative Medicine/Neurosciences/Neurology (by courtesy)
- Stanford University Medical Center, Palo Alto, CA
- No relevant financial relationships

#### Bill H. McCarberg, MD

- The Elizabeth Hospice Neighborhood Healthcare, Escondido, CA
- Abbott (honorarium–speaker); Endo (honorarium–speaker); Forest (honorarium–speaker); Pricara (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
PROGRAM INFORMATION

SCHEDULE OF EVENTS
Please note that the schedule of events included in this program book was current at the time of publication and includes several program changes that have occurred since the mailing of the meeting brochure. Please check the day-at-a-glance schedule, available at the registration desk, for room locations and any last-minute program changes.

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, 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 pain care in a changing healthcare environment
• maximize efficiencies and improve the business model of pain medicine
• improve the scientific rigor and quality in the practice of pain medicine.

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 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAPM 29th Annual Meeting and Related Educational Programs
29th Annual Meeting ........................................16.25 credits
Essential Tools for Treating the Patient in Pain™ ...............16 credits
Ultrasound Guidance for the Pain Physician ......................4 credits
Platelet-Rich Plasma ...........................................Non-CME activity

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.

The AAPM is approved by the American Academy of Family Physicians (AAFP) to offer continuing medical education for the 29th Annual Meeting and the preconference program, Essential Tools for Treating the Patient in Pain: What Every Primary Care and Pain Specialist Needs to Know™. These activities have been reviewed and are acceptable for prescribed credits as follows:

• This live activity, Essential Tools for Treating the Patient in Pain: What Every Primary Care and Pain Specialist Needs to Know™, with a beginning date of April 10, 2013, has been reviewed and is acceptable for up to 16 prescribed credit(s) by the AAFP. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
• This live activity, American Academy of Pain Medicine’s 29th Annual Meeting—Advancing the Science and Practice of Pain Medicine, with a beginning date of April 11, 2013, has been reviewed and is acceptable for up to 16.25 prescribed credit(s) by the AAFP. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

How to Obtain CME Credit
An evaluation form for the 29th Annual Meeting will be available online to each registrant. To receive CME credit for each session you attend, you must evaluate that session in the appropriate section of the online evaluation. You will be able to print your certificate once you complete the evaluation.

COMMERCIALLY SUPPORTED SATELLITE SYMPOSIA
Satellite symposia will be offered during breakfast and lunch hours at the annual meeting. These independently managed satellite symposia are supported by AAPM’s Corporate Relations Council. The programs have been reviewed by the AAPM Program Committee and approved for presentation as part of the Non-CME Satellite Symposia program.

These sessions are offered free of charge to all meeting registrants; however, those who have preregistered will be seated first. A limited number of seats will also be available on a first-come, first-served basis. Check for availability at the registration desk outside the session room 30 minutes before the scheduled start of the program.

AAPM-provided meal functions will be offered to all attendees 30 minutes prior to the start of the satellite symposia programs.

EVALUATIONS
Attendees will be asked to submit evaluations online for the 2013 Annual Meeting sessions. An online evaluation form will be provided to all Annual Meeting registrants.

DISCLOSURE
It is the policy of AAPM to plan and implement educational standards for commercial support activities in accordance with the 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 must be resolved prior to the presentation. Planning committee disclosures are listed in this program book. All confirmed faculty disclosure information is available to attendees on the AAPM Annual Meeting website and is listed in this program book. Faculty will also disclose this information to the audience both verbally and in print (slide presentation) at the beginning of each presentation.

Faculty are also required to inform program participants if any off-label uses of products regulated by the U.S. Food and Drug Administration will be discussed.
**2013 AAPM AWARDS**

**PHILIPP M. LIPPE, MD, AWARD**
The Philipp M. Lippe, MD, Award is given to a physician for outstanding contributions to the social and political aspects of pain medicine. Social and political accomplishments could be those that benefit the science, practice, or recognition of the specialty.

**Chester (Trip) Buckenmaier III, MD COL MC USA**
Colonel Chester (Trip) Buckenmaier III, MD, is the current chief of Regional Anesthesia and program director for the Defense & Veterans Pain Management Initiative (DVPMI) at Walter Reed Army Medical Center. In addition, he is president of the DVPMI Board of Directors, a triservice anesthesia consultant group. He is an assistant professor at the Uniformed Services University of the Health Sciences and a diplomate with the American Board of Anesthesiology. Dr. Buckenmaier has been an AAPM member since 2006 and will serve as a director-at-large of the Academy for a 3-year term beginning at the 2013 Annual Meeting.

This AAPM award is supported by Pfizer.

**PATIENT ADVOCACY AWARD**
The Patient Advocacy Award recognizes the activities of an individual advocating for appropriate evaluation and treatment of patients suffering from pain. This award was created to honor those healthcare professionals whose deeds reflect their recognition of the importance and impact of the specialty of pain medicine.

**Malene Davis, MBA MSN CHPN and Capital Caring**
Malene Davis is president and CEO of Capital Caring, one of the largest and most experienced hospice and palliative care providers in the United States. A nonprofit, community-based organization with seven regional offices and an award-winning inpatient center, Capital Caring has served more than 75,000 patients in metropolitan Washington, DC, since opening its doors in 1977. Recognized nationally for her work in advancing the hospice philosophy and advocating for better care for the seriously ill, Ms. Davis is an oft-requested presenter and resource for national associations, federal and state government agencies, and healthcare institutions of all types and sizes.

**FOUNDERS AWARD**
The Founders Award is given to an individual for outstanding contributions to the science or practice of pain medicine. The award is given for continued contributions to the basic or clinical science of pain medicine or for the demonstration of clinical excellence or innovation in the practice of pain medicine.

**Allan Basbaum, PhD**
Allan Basbaum, PhD, is professor and chair, Department of Anatomy, at the University of California, San Francisco (UCSF), where his research focuses on the neurological basis of pain and its control. Dr. Basbaum was one of the first researchers to probe the nerve pathways responsible for the pain-killing effects of opioids and of deep-brain stimulation, a technique that was being pioneered at the time by UCSF neurosurgeons. He holds the UCSF Faculty Research Lecture Translational Science Award and is the author and co-author of numerous research publications. Dr. Basbaum is a member of the Institute of Medicine and the American Academy of Arts and Sciences and is a fellow of the Royal Society of the United Kingdom.

**AAPM PRESIDENTIAL EXCELLENCE AWARD FOR EDUCATION**
The AAPM Presidential Excellence Award for Education honors an individual who has made major contributions to the education of others in pain medicine.

**Debra K. Weiner, MD**
Debra K. Weiner, MD, is professor of medicine, psychiatry, and anesthesiology at the University of Pittsburgh School of Medicine and is staff physician of the VA Pittsburgh Healthcare System Geriatric Research Education and Clinical Center. She is a geriatrician, rheumatologist, and practicing acupuncturist. Dr. Weiner is an educator, clinician, and investigator recognized nationally and internationally as an expert in pain evaluation and management in the older adult.
PRESIDENTIAL COMMENDATIONS

Penney Cowan
Penney Cowan is founder and executive director of the American Chronic Pain Association (ACPA). Since 1980, the ACPA has offered peer support and education in pain management skills to people with pain, family and friends, and healthcare professionals. After many years of living with chronic pain, Ms. Cowan took part in the pain management program at the Cleveland Clinic and was eager to maintain the skills she learned there when she returned to her daily life. She formed what would become the first ACPA support group. Today, several hundred ACPA support groups meet across the United States and in Canada, Great Britain, and many other countries. The ACPA’s unique materials are a primary resource for individuals seeking to improve the quality of their lives and for the professionals who help them.

Ms. Cowan is being commended for her commitment to being an active voice supporting the needs of all people who suffer with chronic pain.

Melanie Thernstrom

Ms. Thernstrom has reported on subjects as diverse as high-end matchmaking, mediated divorce, the Lord’s Resistance Army in Northern Uganda, medicine, and fugitives. She has also written for Vanity Fair, The Wall Street Journal, Food and Wine, Travel + Leisure, Elle, and other publications. She has taught creative writing at Harvard University, Cornell University, and in the MFA program at the University of California–Irvine.

Ms. Thernstrom is being commended for her work on the Institute of Medicine Committee on Advancing Pain Research, Care, and Education, and as author of The Pain Chronicles, an account of her personal battle with chronic pain.
INAUGURAL RECIPIENT OF THE PAIN MEDICINE FELLOWSHIP EXCELLENCE AWARD

The Pain Medicine Fellowship Excellence Award recognizes pain fellowship programs within the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and provide an exceptional learning experience to their fellows, preparing them to deliver the highest standard of care to patients in pain. Additionally, the award is intended to honor programs whose efforts are aligned with AAPM’s mission “to optimize the health of patients in pain and eliminate the major public health problem of pain by advancing the practice and the specialty of pain medicine.”

The American Academy of Pain Medicine (AAPM) is pleased to announce the inaugural recipient of the Pain Medicine Fellowship Excellence Award: Brigham and Women’s Hospital Pain Medicine Fellowship.

The Brigham and Women’s Hospital Pain Medicine Fellowship accepts eight fellows each year into a comprehensive training program that stresses compassionate, appropriate, and knowledge-based care; practice-based learning and improvement; interpersonal communication skills; professionalism; and systems-based practice. The fellows are trained in the multidisciplinary facets of pain assessment and treatment by a dedicated and diverse staff who are skilled and knowledgeable in practical and theoretical approaches to solving pain management problems. The Center for Pain Medicine at Brigham and Women’s Hospital is a national and international leader in interventional anesthetic and surgical techniques for pain control, offering an innovative and comprehensive education in the many facets and modalities available for pain control.

AAPM extends its congratulations to Srdjan S. Nedeljkovic, MD, fellowship director, for his exemplary leadership and dedication to the pain medicine fellowship program at Brigham and Women’s Hospital. The program will be honored during the Business Meeting at AAPM’s Annual Meeting in Fort Lauderdale, FL, on Saturday, April 13, 2013.
# Past Award Recipients

## Philipp M. Lippe, MD, Award
- 1995: Philipp M. Lippe, MD
- 1996: Joel Saper, MD
- 1997: Richard Stieg, MD
- 1998: Sridhar Vasudevan, MD
- 1999: Hubert Rosomoff, MD
- 2000: J. David Hadden, DDS MD
- 2001: Kathleen M. Foley, MD
- 2002: Michael Ashburn, MD MPH
- 2003: Daniel B. Carr, MD
- 2004: Robert G. Addison, MD
- 2005: Kenneth A. Follett, MD PhD
- 2006: Samuel J. Hassenbusch, MD PhD
- 2007: Scott M. Fishman, MD
- 2008: Benjamin L. Crue, Jr., MD FACS
- 2009: Albert L. Ray, MD
- 2010: Michel Y. Dubois, MD
- 2011: Douglas Throckmorton, MD
- 2012: Philip A. Pizzo, MD

## Founders Award
- 1995: Benjamin Crue, MD
- 1996: Wilbert Fordyce, PhD
- 1997: Peter Wilson, MBBS PhD
- 1998: Tony Yaksh, PhD
- 1999: Steven Feinberg, MD
- 2000: Rollin M. Gallagher, MD MPH
- 2001: Gary J. Bennett, PhD
- 2002: Russell Portenoy, MD
- 2003: Donald D. Price, PhD
- 2004: James C. Eisenach, MD
- 2005: Edward C. Covington, MD
- 2006: Gerald F. Gebhart, PhD
- 2007: Richard B. North, MD
- 2008: Michael J. Cousins, MD DSc FANZCA FRCA FAchpM(RACP) FFPmANZCA
- 2009: Nikolai Bogduk, MD PhD DSc
- 2010: David Joranson, MSSW
- 2011: Daniel B. Carr, MD
- 2012: Howard L. Fields, MD PhD

## Distinguished Service Award
- 1996: Patricia Owen
- 1997: Not Awarded
- 1998: Paul Gebhard, JD; Kristie Haley
- 1999: Peter Wilson, MBBS PhD; Ruth Tiernan
- 2000: Not Awarded
- 2001: Joel R. Saper, MD FACP FAAN
- 2002: Elliot Krames, MD
- 2003: Samuel J. Hassenbusch, MD PhD; Jeffrey W. Engle
- 2004: Albert L. Ray, MD
- 2005: Rollin M. Gallagher, MD MPH
- 2006: Edward C. Covington, MD
- 2007: Eduardo M. Fraifeld, MD
- 2008: David A. Fishbain, MD DFAPA
- 2009: Colleen M. Healy
- 2010: Scott M. Fishman, MD
- 2011: Timothy R. Deer, MD
- 2012: B. Todd Sitzman, MD MPH

## Patient Advocacy Award
- 2001: Warner Wood, MD
- 2002: Robert Biscup, MS DO
- 2003: Not Awarded
- 2004: Kenneth Moritsugu, MD MPH
- 2005: John (Jack) C. Lewin, MD
- 2006: Not Awarded
- 2007: Louis W. Sullivan, MD
- 2008: Robert D. Kerns, PhD
- 2010: Myra Christopher
- 2011: Will Rowe
- 2012: Robert J. Saner II, JD

## AAPM Presidential Excellence Award for Education
- 2012: Lynn R. Webster, MD
Welcome to this year’s Annual Meeting! We are confident you will be enriched in many ways. If you are new to the meeting, we trust that it has provided a clear educational path to learn the latest trends and evidence-based research that you as a pain clinician face on a daily basis. The meeting was designed to provide a comprehensive pain medicine curriculum to help you address pressing concerns in today’s changing medical environment. In addition, we hope that you have the chance to network with your colleagues, as well as meet and hear from leading authorities in pain medicine.

Physicians treating today’s pain patients continue to turn to the premier pain association that is committed to advancing the science and practice of pain medicine. AAPM is committed to the highest standards of patient care; the scholarship, science, and research in pain medicine; upholding ethical standards and professional integrity; and advancing public health.

If you did not take advantage of the Join and Register rate when you registered for the meeting, this offer is being extended until May 31, 2013. For an additional $75, physicians can become a member and receive a full year of membership benefits that include

- educational opportunities at reduced member rates, such as AAPM’s Annual Meeting, which includes preconference workshops and plenary and concurrent sessions on the latest pain therapies and procedures
- access to current information, by means of a dynamic website and bi-weekly e-News
- social, political, and professional advocacy, such as formal representation with the American Medical Association, giving you a voice in these changing times; the Pain Care Coalition, providing representation and advocacy in Washington, DC; and patient education materials, such as the online videos on the AAPM website
- a world-class medical journal, Pain Medicine, the premier source of peer-reviewed research and commentary on the multidisciplinary clinical practice of pain medicine
- interaction with other skilled pain medicine physicians with shared goals and concerns, on local, state, and national levels in AAPM’s interactive online Member Community.

Join AAPM today and become part of an organization dedicated to the highest level of clinical practice for pain care in a dynamic intellectual, technical, social, and cultural environment.

Please feel free to contact me if you have any questions about membership in the Academy. You can reach me by phone at 847.375.4887 or e-mail at kkathan@painmed.org.

Sincerely,
Karen M. Kathan
Membership Marketing Manager

Visit the AAPM Membership Booth for an application to receive this special offer and benefit all year with connections and education from AAPM.

Join today online at www.painmed.org or by calling 847.375.4731 and mentioning code PHY13.
## SCHEDULE AT A GLANCE

### WEDNESDAY, APRIL 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15–11:30 am</td>
<td>Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 1 (PME)</td>
</tr>
<tr>
<td>11:30 am–Noon</td>
<td>AAPM-PROVIDED LUNCH</td>
</tr>
<tr>
<td>Noon–1 pm</td>
<td>NON-CME SATELLITE SYMPOSIAN</td>
</tr>
<tr>
<td>1:15–5:30 pm</td>
<td>Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 1 (PME)</td>
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### THURSDAY, APRIL 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:15–7:30 am</td>
<td>Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 2 (PME)</td>
</tr>
<tr>
<td>7:30–11:30 am</td>
<td>Ultrasound Guidance for the Pain Physician (001AM)</td>
</tr>
<tr>
<td>11:30–Noon</td>
<td>AAPM-PROVIDED LUNCH</td>
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<tr>
<td>Noon–1 pm</td>
<td>NON-CME SATELLITE SYMPOSIAN</td>
</tr>
<tr>
<td>1:15–4:15 pm</td>
<td>Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 2 (PME)</td>
</tr>
<tr>
<td>4:15–5:15 pm</td>
<td>Platelet-Rich Plasma (PRP): Regenerative Therapy Preconference (002)</td>
</tr>
<tr>
<td>5:15–6:45 pm</td>
<td>WELCOME RECEPTION: EXHIBITS &amp; POSTER SESSIONS—GROUP 1</td>
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### FRIDAY, APRIL 12

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:15–6:45 am</td>
<td>AAPM-PROVIDED BREAKFAST</td>
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<tr>
<td>6:45–7:45 am</td>
<td>NON-CME SATELLITE SYMPOSIAN</td>
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<tr>
<td>8–8:15 am</td>
<td>AAPM President’s Welcome Address (101)</td>
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<tr>
<td>8:15–9:15 am</td>
<td>Keynote Presentation (102)</td>
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<tr>
<td>9:15–10:15 am</td>
<td>BREAK</td>
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<tr>
<td>9:15–10:15 am</td>
<td>Exhibits &amp; Poster Sessions—Group 1</td>
</tr>
<tr>
<td>10:15–11:15 am</td>
<td>Plenary Session (103)</td>
</tr>
<tr>
<td>11:15 am–Noon</td>
<td>Plenary Research Highlights (104)</td>
</tr>
<tr>
<td>Noon–12:30 pm</td>
<td>AAPM-PROVIDED LUNCH</td>
</tr>
<tr>
<td>12:30–1:30 pm</td>
<td>NON-CME SATELLITE SYMPOSIAN</td>
</tr>
<tr>
<td>1:45–2:45 pm</td>
<td>Value-Based Care for Pain Medicine (201)</td>
</tr>
<tr>
<td>2:45–3:45 pm</td>
<td>BREAK WITH EXHIBITS</td>
</tr>
<tr>
<td>3:45–4:45 pm</td>
<td>Advancing Pain Research in Clinical Practice (204)</td>
</tr>
<tr>
<td>3:45–4:45 pm</td>
<td>Clinical Pearls of Safe Opioid Prescribing (205)</td>
</tr>
<tr>
<td>4:45–5 pm</td>
<td>BREAK WITH EXHIBITS</td>
</tr>
<tr>
<td>5–6 pm</td>
<td>Advancing Interventional Pain Treatment Through Ultra-Minimally Invasive Spinal Solutions (207)</td>
</tr>
<tr>
<td>5–6 pm</td>
<td>Chronic Pain in Women (208)</td>
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<tr>
<td>6–7:30 pm</td>
<td>RECEPTION: EXHIBITS &amp; POSTER SESSIONS—GROUP 2</td>
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</tbody>
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## SCHEDULE AT A GLANCE

### SATURDAY, APRIL 13

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>6:15–6:45 am</td>
<td>AAPM-PROVIDED BREAKFAST</td>
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<tr>
<td>6:45–7:45 am</td>
<td>NON-CME SATELLITE SYMPOSIUM</td>
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<tr>
<td>8–9:30 am</td>
<td>Functional Neuroimaging of Chronic Pain: Promises and Pitfalls (105)</td>
</tr>
<tr>
<td>9:30–10:45 am</td>
<td>BREAK Exhibits &amp; Poster Sessions—Group 2</td>
</tr>
<tr>
<td>10:45–11:45 am</td>
<td>Chronic Pain and Addiction: Lessons Learned from Interdisciplinary Chronic Pain Rehabilitation Programs (301)</td>
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<td>Psychopharmacology: A Review for Pain Practitioners (302)</td>
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<td></td>
<td>The Future of Spinal Cord Stimulation and Intrathecal Drug Therapy (303)</td>
</tr>
<tr>
<td>11:45 am–12:15 pm</td>
<td>AAPM-PROVIDED LUNCH</td>
</tr>
<tr>
<td>12:15–1:15 pm</td>
<td>NON-CME SATELLITE SYMPOSIUM</td>
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<tr>
<td>1:30–2:15 pm</td>
<td>AAPM Members’ Business Meeting APM Awards Presentation</td>
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<tr>
<td>2:15–2:30 pm</td>
<td>BREAK</td>
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<tr>
<td>2:30–4 pm</td>
<td>Headache: The Common, Can’t Miss, and Interventionally Amenable (306)</td>
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<td>Assessing Impairment and Disability: Updates and Challenges of the Independent Medical Exam (IME) and AMA Guidelines for Rating Impairment (307)</td>
</tr>
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<td>Prospective Evidence-Based Studies for Implantable Therapies (308)</td>
</tr>
<tr>
<td>4–4:15 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>4:15–5:45 pm</td>
<td>Clinical Pearls of Pain Medicine (310)</td>
</tr>
<tr>
<td></td>
<td>Chronic Opioid Therapy Under Siege: Strategies, Protocols, and Outcomes with High-Risk Patients (311)</td>
</tr>
<tr>
<td></td>
<td>Managing Acute Pain in Chronic Opiate Patients (312)</td>
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<tr>
<td>5:45–6 pm</td>
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### SUNDAY, APRIL 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8–8:30 am</td>
<td>AAPM-PROVIDED COFFEE SERVICE</td>
</tr>
<tr>
<td>8:30–9:30 am</td>
<td>Chronic Abdominal Pain: An Interdisciplinary Approach (401)</td>
</tr>
<tr>
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<td>The Differentiation of Shoulder vs. Neck Pain (402)</td>
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<td>Hot Topics in Pain Psychology: Essentials for the Pain Physician (403)</td>
</tr>
<tr>
<td>9:30–9:45 am</td>
<td>BREAK</td>
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<tr>
<td>9:45–10:45 am</td>
<td>Treating Insomnia and Fatigue in the Chronic Pain Population (404)</td>
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<td>National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing (405)</td>
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<td>Complex Regional Pain Syndrome (CRPS): The Updated International Association for the Study of Pain Algorithm (406)</td>
</tr>
<tr>
<td>10:45–11 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>11 am–Noon</td>
<td>Curbing Opioid Dose Escalation in Chronic Non-Cancer Pain (407)</td>
</tr>
<tr>
<td></td>
<td>Best Practices for Lumbar Spinal Stenosis (408)</td>
</tr>
<tr>
<td></td>
<td>Improving the Diagnosis and Treatment of Cancer Pain Syndromes (409)</td>
</tr>
</tbody>
</table>
SCHEDULE AT A GLANCE

REGISTRATION
Tuesday, April 9 .......................... 4–6 pm
Wednesday, April 10 ..................... 6:30 am–5 pm
Thursday, April 11 ........................ 6:30 am–6 pm
Friday, April 12 ............................ 7:30 am–6 pm
Saturday, April 13 ........................ 8 am–5 pm
Sunday, April 14 ........................... 8 am–Noon

SPEAKER READY ROOM
Tuesday, April 9 .......................... 4–7 pm
Wednesday, April 10 ..................... 6 am–6 pm
Thursday, April 11 ........................ 6 am–7 pm
Friday, April 12 ............................ 6:30 am–6 pm
Saturday, April 13 ........................ 7 am–6 pm
Sunday, April 14 ........................... 7 am–Noon

POSTER HOURS
The seven highest-ranking poster authors have been selected to present their posters at a plenary research highlights session or a concurrent scientific session, as noted below:

• Plenary Research Highlights—Friday, April 12, 11:15 am–Noon
• Concurrent Scientific Session—Friday, April 12, 1:45–2:45 pm

Scientific posters will be on display in the AAPM Resource Center (Hall C) at the Greater Fort Lauderdale/Broward County Convention Center. There will be two presentation groups of posters this year. Be sure to visit the AAPM Resource Center (Hall C) to see both groups because they are available to be viewed on different days. Copies of the seven highest-ranking posters will also be displayed in the third floor foyer.

GROUP 1
This presentation group, with posters numbered 100–173 and 239, includes posters categorized by the following clinical topics:

• translational
• pharmacological
• epidemiology/health policy/education.

These posters will be on display from Thursday, April 11 at 5:15 pm until 10:15 am on Friday, April 12.

AUTHOR-ATTENDED SESSIONS
Welcome Reception with Poster Session
Thursday, April 11, 5:15–6:45 pm
Poster Break
Friday, April 12, 9:15–10:15 am

GROUP 2
This presentation group, with posters numbered 174–238, includes posters categorized by the following clinical topics:

• procedures
• psychosocial/rehabilitation.

These posters will be on display from Friday, April 12 at 6 pm until 10:45 am on Saturday, April 13.

AUTHOR-ATTENDED SESSIONS
Reception with Poster Session
Friday, April 12, 6–7:30 pm
Poster Break
Saturday, April 13, 9:30–10:45 am
**VIRTUAL EXHIBIT HALL**

The final exhibitor list and floor plan are available at www.painmed.org/annual/meeting. Click on the bottom left navigation button, “Virtual Exhibit Hall.” The AAPM virtual floor plan allows you to search by company, product type, or booth location. Links to exhibitor websites are also available on this page. The floor plan and exhibit list will be posted for 3 months after the meeting.

**PAPERLESS MEETING**

Registrants are able to view, download, and print faculty slides and presentation information at www.painmed.org/florida 1 week before the 29th AAPM Annual Meeting and after the meeting. A printed schedule of sessions and events will be provided to each attendee at registration.

**PROGRAM EVALUATION TOOL**

AAPM offers the meeting evaluation in an online format. Meeting registrants can access the evaluation by visiting the AAPM website at www.painmed.org/florida and clicking on the evaluation link. The online evaluation may be completed during the meeting or after attendees have returned home. Participants will receive their continuing medical education certificate immediately when they submit their evaluations online. Certificates also can be sent from the system to participants’ e-mail addresses for printing later or saving electronically. All attendees are encouraged to complete the meeting evaluation by May 31, 2013, regardless of whether they are seeking continuing education credits. If you have any questions, please call 847.375.4731.

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**NETWORKING OPPORTUNITIES**

**THURSDAY, APRIL 11**

5:15–6:45 pm  Welcome Reception, AAPM Resource Center
Join friends and colleagues for the Welcome Reception. Exhibits and Poster Sessions (Group 1) will be available for visitation.

5:45–6:30 pm  Meet the Pain Medicine Editor, Senior Associate Editor, and Section Editors, AAPM Resource Center

**FRIDAY, APRIL 12**

8–8:15 am  AAPM President’s Welcome Address

6–7:30 pm  Reception, AAPM Resource Center
Visit the Exhibits and Poster Sessions (Group 2).

6:15–7 pm  Meet the Pain Medicine Editor, Senior Associate Editor, and Section Editors, AAPM Resource Center

**SATURDAY, APRIL 13**

1:30–2:15 pm  AAPM Members’ Business Meeting

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 on Friday, April 12 from 6 to 7 pm.
**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*

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**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).

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**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

- Pain and the Law  
  Edward Michna, MD JD RPh

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

- 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

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

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

- 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

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

*This session has been supported by unrestricted educational grants from Purdue and Salix.
**PRECONFERENCE SESSIONS†**

**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
Einar Ottestad, MD
Steven J. Wisniewski, MD

**1:15–5:15 pm**

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

This session is a repeat of the morning session. Attendees can choose to attend the morning or afternoon session.

**Ultrasound-Guided Musculoskeletal Injections (20 minutes)**
Steven J. Wisniewski, MD

**Ultrasound-Guided Peripheral Nerve Blocks (20 minutes)**
Matt Pingree, MD, Co-Chair

**Ultrasound-Guided Axial Cervical Injections (15 minutes)**
Einar Ottestad, MD

**Ultrasound-Guided Lumbosacral Injections (15 minutes)**
Mark F. Hurdle, MD, Co-Chair

**Simulation Workshop (2.5 hours)**
- Workshop Station 1: Shoulder, Biceps Tendon
- Workshop Station 2: Hip/Troch
- Workshop Station 3: Knee
- Workshop Station 4: Sacroiliac Joint/Piriformis
- Workshop Station 5: Ilioinguinal Iliohypogastric, LFCN
- Workshop Station 6: Intercostals Paravertebrals
- Workshop Station 7: UE Nerve Blocks: Distal median, ulna, or radial
- Workshop Station 8: Cervical Spine
- Workshop Station 9: Practice Table
- Workshop Station 10: Practice Table

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

**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, 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 Chair

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

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

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

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

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

†There is an additional fee to attend all preconference sessions. Preregistration is required.

This workshop has been supported by educational grants from PHILIPS terason revolutionizing ultrasound
PLENARY SESSIONS

FRIDAY, APRIL 12

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

8:15–9:15 am
Keynote (102)
Clinical Trials and Clinical Practice: “There’s Many a Slip Twixt Cup and Lip”
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 under way 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, and psychiatry at 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.

10:15–11:15 am
Plenary Session (103)
Faculty TBD

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 anatomic 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 noninvasive brain imaging technology. The faculty explore 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. Four additional 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.

A Longitudinal Investigation of Major Combat Limb Injuries: The Regional Analgesia Military Battlefield Pain Outcomes Study (RAMBPOS) (Poster 144)
Rollin M. Gallagher, MD MPH

Lumbar Disc Biologic Autograft Injection of Bone Marrow Concentrate for Treatment of Low Back Pain: Retrospective Review of 22 Consecutive Cases (Poster 203)
Donald J. Meyer, Jr, MD PhD

Neural Correlates of Effective Cognitive Modulation of Pain (Poster 227)
Eric A. Dixon, BA

Neuroimaging-Based Pain Detection: Objective Measure of Pain or Journey Down the Rabbit Hole?
Sean Mackey, MD PhD
Sean Mackey, MD PhD, is Redlich professor of pain medicine and 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 an adjunct faculty member at Logan College of Chiropractic.
FRIDAY, APRIL 12 (continued)

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

1:45–2:45 pm

Poster Research Highlights (202)

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. In addition to presenting research highlights in the plenary venue, the Scientific Poster Abstract Committee is pleased to have selected four additional poster submissions for presentation in this concurrent scientific session.

This scientific session provides updates on cutting-edge scientific research that will advance the practice of pain medicine.

Moderator
James C. Watson, MD

Sensitization of the Human Spinal Cord in the Absence of Pain
(Poster 107)
Brittney R. Reyes, BA

Antihyperalgesic Effects of Dexmedetomidine on High-Dose Remifentanil-Induced Hyperalgesia (Poster 117)
Yeon-Dong Kim, MD

Impact of Prescribed Opioids on Biopsychosocial-Spiritual Function in Sickle Cell Anemia Patients: A Multi-Phase, Mixed Methods Study (Poster 151)
Abdulhakil J. Alsalmi, MS

Microwave Ablation Under Local Anesthesia of Bone and Soft-Tissue Tumors: Preliminary Results (Poster 193)
Adrian Kastler, MD

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

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 educational session as part of its continuing efforts to improve the research opportunities of AAPM members and meeting attendees. Pain experts in academia and private practice can use 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
CONCURRENT SESSIONS

FRIDAY, APRIL 12

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 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 educational session reviews the 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 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
Robert M. Levy, MD PhD

5–6 pm
Chronic Pain in Women (208)
Physicians and other 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 zygaphysial 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 Tibiletti, MD
SATURDAY, APRIL 13

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 exist 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, nonmalignant 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 demonstrated, multidisciplinary pain clinics are limited in scope due to financial pressures. This deficiency in multidisciplinary 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 M. 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
Joseph Buwembo, MBChB FCS(SA) MMed FRCS
SATURDAY, APRIL 13

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
Jeffrey M. Tiede, MD MAJ MC USA
Mary Ellen Earwood, MD

Complementary and Alternative Pain Treatments in the Army
Richard F. 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 reason for 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

VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
**SATURDAY, APRIL 13 (continued)**

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 Guidelines for Impairment Ratings in Patients with Chronic Pain* 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 high-quality, independent medical evaluations, differentiating between a consulting treatment and a medical legal evaluation, and 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. 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—assist 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; and dorsal root ganglion stimulation. 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**  
Robert M. Levy, MD

**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, and describes 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

**The Treatment of Posttraumatic Stress Disorder (PTSD) with Stellate-Ganglion Blockage**  
Steven R. Hanling, MD CDR MC USN
CONCURRENT SESSIONS

SATURDAY, APRIL 13

**4:15–5:45 pm**

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. McCarberg, 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

**4:15–5:45 pm**

Chronic Opioid Therapy Under Siege: Strategies, Protocols, and Outcomes with High-Risk Patients (311)
The treatment of chronic non-cancer pain patients with chronic opioid medications is under a high degree of scrutiny by regulatory authorities, the media, and medical professionals. Contributing causes to this dilemma include the lack of long-term efficacy studies, the public health crisis over the deaths associated with misuse and abuse, and the lack of physician and prescriber education. Physicians are overwhelmed and unclear as to the standard definition of care, with some physicians increasingly electing to opt out of prescribing opioids to patients, even though this treatment method may have proven effectiveness.

This session explores the Brigham and Women's Hospital Pain Management Center program of identification and effective treatment of at-risk patients. It discusses protocols instituted at Brigham Women's for these patients, as well as the outcomes of these interventions. The session addresses current published literature regarding evidence-based chronic opioid therapy in addition to providing an update on medical legal issues.

**Moderator**
Edward Michna, MD JD

**Current Medical-Legal Issues**
Edward Michna, MD JD

**Screening Patients for Risk and Treatment Protocols**
Robert N. Jamison, PhD

**Psychiatric Risk Factors and Trilateral Agreements**
Ajay D. Wasan, MD MSc

**4:15–5:45 pm**

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

VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
SATURDAY, APRIL 13 (continued)

4:15–6 pm
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 systems, and effective options for treating this pain patient.

**Panel**

- Friedhelm Sandbrink, MD
- Ilene R. Robeck, MD
- Stephen A. Eraker, MD MPH FACP
- Michael E. Clark, PhD

**Panel Discussion**

- Moderator
  - Rollin M. Gallagher, MD MPH

- **Primary Care Pain Initiative**
  - Stephen 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
  - 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

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 gastroenterologic 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, using case study presentations and subsequent round-table discussion to best illustrate this approach in treating this pain population. The faculty illustrate 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 and regimented physical exam of the neck, upper back, and shoulder would enable a clinician to better determine the primary area requiring treatment, as well as assist the clinician in determining the most indicated and effective options for treating this pain patient.

This session explores how use of a comprehensive history, physical exam, treatment orders, and diagnostic procedures for the upper quadrant assist the clinician in determining the correct source of patient pain. It also investigates the comprehensive treatment options, enabling the physician to provide specific and directed care to the most appropriate area to ensure that patients receive effective pain care treatment.

**Moderator**

- James W. Atchison, DO

- **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
SUNDAY, APRIL 14

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 been shown 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 demonstrated 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 pain 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
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. Buyse, MD

Experimental Models of Sleep Disruption in Chronic Pain Patients
Michael T. Smith, 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 provide 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
Complex Regional Pain Syndrome (CRPS): The Updated International Association for the Study of Pain Algorithm (406)
An initial attempt to combine therapeutic resources around a physiotherapeutic algorithm was published in 1998. This algorithm incorporated all modalities that could be used to facilitate a return of function in patients who became disabled as a result of complex regional pain syndrome (CRPS I & II). While well received, this algorithm lacked temporal guidance concerning the introduction of many interventions. In 2001, a second consensus panel relaxed the strict time-contingent nature of the first algorithm, allowing for parallel pathways still centered around the three domains of rehabilitation, pain management, and psychological treatment.

Ten subsequent years of experience and research have yielded a far greater understanding of the pathologic processes in CRPS. The therapeutic algorithm required revision to incorporate this knowledge and also provide refinement beneficial to practitioners engaged in the management of CRPS, as well as their patients. In August 2012, international experts from various disciplines met in Milan, Italy, to revise the treatment algorithm and incorporate therapies with evidence-based efficacy into the therapeutic model.

This scientific session presents the recent findings of the 2012 group by two of its co-chairs. It explains the role of various treatments in the interdisciplinary model, and interprets evidence-based data regarding novel treatments for CRPS. The session also explores optimal integration of various therapies included in the new treatment algorithm.

Moderator
Joshua P. Prager, MD MS

The Need for the New Algorithm
Joshua P. Prager, MD MS

Integrating Modalities
Joshua P. Prager, MD MS

Looking at the Evidence
Salim M. Hayek, MD PhD
**SUNDAY, APRIL 14 (continued)**

**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**

**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**
Venu Akuthota, MD

**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 for 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
<table>
<thead>
<tr>
<th>Name</th>
<th>University/Institution</th>
<th>Role</th>
<th>Financial Disclosures</th>
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NON-CME SATELLITE SYMPOSIA*

Non-CME satellite symposia will be held in conjunction with the Annual Meeting. These independently sponsored, commercially supported symposia are open to all 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.

WEDNESDAY, APRIL 10

Noon–1 pm

TBD

Please refer to onsite signage for updated information.

This activity is funded through a grant from Jazz Pharmaceuticals, Inc.

THURSDAY, APRIL 11

Noon–1 pm

Current Topics, Treatments, and Trends: Opioids and Chronic Pain—What’s Happening in 2013

You are invited to join your pain specialist colleagues in this non-CME presentation spotlighting the current topics, treatments, and trends within opioids and chronic pain in 2013. This symposium is intended for all involved in the management of chronic pain. Through didactic presentations and roundtable discussion, this program will

• describe issues regarding the safe use of opioids and ongoing needs in the management of chronic pain
• identify current trends in pain, as well as opportunities to improve patient care.

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

FRIDAY, APRIL 12

6:45–7:45 am

Innovation Focused on Pain Relief

Symposia faculty will provide a historical review on the advancements of spinal cord stimulation (SCS) technology over the past 30 years. In addition, the review will include the various approaches to innovation in SCS that have been focused on maximizing outcomes. A discussion about the mechanism of action will also be included to identify challenges in optimizing therapy. Faculty will then provide an update on the significant technology innovations within the industry that have improved the targeting and control of the stimulation field and that may lead to improved trial and permanent SCS success. Recent clinical data supporting the challenges with SCS and its potential benefits will be discussed.

Topics and Faculty—TBD

Objectives

To provide education that allows attendees to learn more about Boston Scientific (BSC) technologies in a focused setting and about relevant clinical research and healthcare policy issues during the daily conference sessions. For example, we have held symposia focusing on the current trends in health care that drive the need for evidence-based medicine, which have impacted medical guidelines and payor coverage decisions. Symposia and seminars also offer the opportunity to introduce the utility of clinical data regarding new and existing BSC products.

This activity is funded through a grant from Boston Scientific Neuromodulation.

12:30–1:30 pm

Opioids in America: Navigating a Tectonic Shift

There are three themes in this symposia.

1. The background and “politics” of opioid care. We will be exploring the latest issues of REMS, government involvement, patient perspectives, and what caregivers 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—TBD

Faculty
Lynn R. Webster, MD; Jeff Grudin, MD

Objectives

• Understand the latest trends in pain care in America.
• Understand the ever shifting environment for treating pain, focusing on opioids. How to protect your practice?
• Examine what the future may hold for opioid therapy—are there new kinds of opioids on the way?
• Gain insights on the latest science and factors that influence opioid efficacy and safety; the role of dopamine, glial cell activation, and genetics.
• Discuss how best to treat patients in a real-life setting—less pain and more safety in a changing world.

This activity is funded through a grant from Nektar.

*Refer to onsite material for updated symposia.
SATURDAY, APRIL 13

6:45–7:45 am

The Appropriate Use of Opioid Medications and the Role of Abuse-Deterrent Formulations

Chronic pain is often a complex phenomenon, and appropriate management requires a comprehensive approach, with the use of pharmacologic as well as nonpharmacologic interventions. Although opioid medications are among the pharmacologic options for chronic pain, these medications may be misused or abused by the treated patient, or they may be diverted for misuse or abuse by others. It is important that physicians and patients be made aware of these risks and that prescribers adopt strategies and tactics to support the safer use of opioid medications. The development of abuse-deterrent formulations of prescription opioid medications is considered a high public-health priority. Preapproval and postapproval studies can be used to assess the abuse-deterrent properties of these formulations.

Faculty

Charles E. Argoff, MD
Perry G. Fine, MD

A promotional program supported by Pfizer Inc.

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 PGT and discuss the clinical application of an individual’s metabolism profile as it relates to personalized medication therapy.

Topics and Faculty

Forest Tennant, MD
Michael J. Brennan, MD
Steven D. Passik, PhD, Director of Clinical Addiction Research and Education, Millennium Laboratories
Angela Huskey, PharmD CPE, Associate Vice President, Clinical Affairs, Millennium Laboratories

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 a patient’s responses to medications, and both improve efficacy and reduce adverse effects of drug treatment.

This activity is funded through a grant from Millennium Laboratories.
AAPM is leading a breakthrough change to the traditional exhibit hall and transforming it into the **AAPM Resource Center**, which complements the educational sessions presented during the AAPM Annual Meeting. We invite you to visit the **AAPM Resource Center** to learn about the scientific and clinical aspects of pain medicine products and services and to engage in meaningful peer-to-peer discussions. The AAPM Resource Center will feature the following:

**SCIENTIFIC POSTERS**

More than 160 posters will be on display, with posters categorized by the following clinical topics:

- Procedures
- Psychosocial/rehabilitation
- Epidemiology/health policy/education
- Pharmacological
- Translational.

**CORPORATE SHOWCASES**

Attend corporate showcases sessions that feature products, services, or programs from industry in the field of pain medicine. All attendees are invited to the 30–60 minute sessions that will be held in the front area of Hall C in the Resource Center. Please refer to onsite information regarding updated topics and faculty.

**THURSDAY, APRIL 11**

5:30–6 pm

**Pharmacogenomics of Prescription Analgesics**

Overview of pharmacogenomics as it relates to prescription pain medication activation and metabolism.

F. Leland McClure III, MSci, PhD, D-ABFT

Supported by **Quest Diagnostics**

**FRIDAY, APRIL 12**

9:15–10:15 am

**The First Buprenorphine Transdermal System**

Jeffrey A. Gudin, MD

Join your colleagues for this informative corporate showcase, during which Dr. Jeffrey A. Gudin will discuss The First Buprenorphine Transdermal System. This is a promotional event; CE will not be available. Full prescribing information, including boxed warning, will be distributed and discussed at the presentation.

Supported by **Purdue**

2:45–3:45 pm

**Optimizing Patient Care and Access with Medtronic Neuromodulation Therapies**

This session features a moderated panel discussion on matching the right patient with the right neuromodulation therapy. Topics will include patient selection, technological advances, evolving therapy paradigms, and new cost-effectiveness clinical data.

Supported by **Medtronic**

**SATURDAY, APRIL 13**

9:45–10:15 am

**First Line Management of Chronic and Acute Pain**

On behalf of Depomed, you are welcome to attend this live presentation. First Line Management of Chronic and Acute Pain: Unmet Needs and Options for Early Onset of Relief—Postherpetic Neuralgia, Mild to Moderate Acute Pain. The program will introduce treatment options for integration into clinical practice.

Supported by **Depomed**

**MEET THE PAIN MEDICINE EDITOR AND SECTION EDITORS**

Thursday, April 11 5:30–6:15 pm

Friday, April 12 6:15–7 pm

Meet the editor and senior associate editor, Drs. Rollin (Mac) Gallagher and Norm Harden, and select section and senior editors of Pain Medicine, the official journal of AAPM, the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists, and the International Spine Intervention Society. Ask questions of the Senior Editorial Team, learn how to publish your research in Pain Medicine, and see how the peer-review process, the readers, and the reach of Pain Medicine make this the premier multidisciplinary journal dedicated to pain clinicians, educators, and researchers worldwide with an interest in pain. Readers from various medical specialties such as pain medicine, anesthesiology, family practice, internal medicine, neurology, neurological surgery, orthopedic spine surgery, psychiatry, and rehabilitation medicine as well as related health disciplines such as psychology, neuroscience, nursing, nurse practitioner, and physical therapy appreciate the breadth and depth of Pain Medicine’s coverage of the field.

**NETWORKING**

Meet your colleagues during the unopposed hours of educational programming. More than 1,000 physicians who specialize in pain medicine, plus a growing number of primary care physicians from across the country, will be attending this meeting. Take advantage of the opportunity to network with your colleagues to discuss research and diagnosis, treatment, and management of acute pain, chronic cancer, recurrent pain, and noncancer pain.

**INTERACTIVE EXHIBITS**

Visit more than 100 booths from companies showcasing products and services specially designed for leaders in the study and treatment of pain. The **AAPM Resource Center** is an additional benefit of educational learning. By visiting these vendors, you will learn more about advancements that will keep you and your practice at the forefront of your field. Products and information from pharmaceutical companies, medical supplies and equipment, medical publications, and alternative delivery systems will be featured.

Learn about new research, products, and services from companies specializing in the field of pain medicine. Below are some of the educational objectives that will be presented.

**AAMT LABORATORIES**

**BOOTH 627**

**Learning Objectives**

- Gain an understanding of blood testing for medication monitoring.
- Understand the benefits of adding hormone biomarker testing for an increased understanding of a patient’s overall condition.

**New Information Being Presented**

- Blood testing documents tolerance and can correlate dose-to-blood concentration in steady-state patients. Adding hormone biomarker testing targets underlying and accompanying conditions.

**AMERICAN CHRONIC PAIN ASSOCIATION**

**BOOTH 633**

**Learning Objectives**

- Learn how to empower your patients to become active participants in their care.
- Explore the many graphical and interactive communication tools available.
- Discover the American Chronic Pain Association’s many resources.
- Learn how to help your patients establish a peer-lead support group that teaches coping skills.

**New Information Being Presented**

- 2013 Resource Guide to Pain Medications and Treatments
- Growing Pains interactive web page for adolescence who live with pain
- Activity chart for arthritis
- Vets in Pain program presentations in VA facilities on pain management
- Maze of pain
- Diabetic Peripheral Neuropathy Program
New Information Being Presented
• Individual genetic differences in medication metabolism can impact 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 UDT results.

PAINEDU.ORG BOOTH 330
Learning Objectives
• PainEDU.org and painACTION.com offer a synergistic and collaborative approach to safe and effective chronic pain management through clinician education and patient pain management.
• PainEDU.org offers clinicians a better understanding of pain management through interviews, articles, educational courses, and case studies. Registered users have access to opioid risk management screening tools and teaching resources.

New Information Being Presented
• The Screener and Opioid Assessment for Patients with Pain (SOAPP®) and the Current Opioid Misuse Measure (COMM®) are now available in Spanish. SOAPP helps predict which patients being considered for long-term opioid therapy may exhibit aberrant behaviors in the future, while COMM helps identify whether a patient currently on long-term opioid therapy may be exhibiting aberrant behaviors associated with misuse of opioid medications.

PRACTICAL PAIN MANAGEMENT BOOTH 431
Practical Pain Management is launching new 2013 initiatives. Visit us to learn about programs for improving care and outcomes and to provide feedback.
• Tools/services for practice growth.
• Pain-patient health interventions that improve outcomes and patient satisfaction.
• Practical Pain Management Opioid Calculator.
• MD surveys (back pain, opioid trends).

PRACTICE PARTNERS IN HEALTHCARE, INC. BOOTH 528
Practice Partners will be sharing information on our unique model for developing and managing successful ambulatory surgery centers. We have a proven and physician-centric approach to developing new centers and turning around existing centers in partnership with physicians and hospital/physician joint ventures.

WONDFO USA CO. LTD BOOTH 341
New Information Being Presented
• We have a new CLIA-waived drug test cup and dip card available from a single panel up to 12 panels.
• We carry the most popular configuration in our Chicago warehouse for daily order.
• We have K2 tests available (for forensic use only).

New Research Being Conducted
• We just finished BUP and oral fluid tests, CLIA-waived tests clinical trial, and are going to obtain new CLIA-waived tests.
• We are developing a drug test reader, with drug tests, that can print results and keep records of results.

The above companies provided their learning objectives and new information by 2/14/13.
VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
# POSTERS

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www.dfufji.com
Fujiyokio and Dr. Fuji are dedicated to producing the highest-quality and most humanized medical, health, and beauty care products to facilitate medical and healthcare professionals in their practice. The FDA has certified equipment designed and manufactured by Fujiyokio for physical medicine. Dr. Fuji Cyber Relax massage products.

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BOOTH at Registration Area
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BOOTH 104
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Since 1980, ACPA has offered peer support and coping skills to help people with pain begin their journey from patient to person. In addition to what their healthcare provider offers, ACPA programs and services are designed to provide support, encouragement, information, and coping skills to aid people with pain regain control of their lives. Our philosophy is to help those with pain improve quality of life and increase functioning while reducing their sense of suffering.

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AB SCIEX helps to improve the world we live in by enabling scientists and laboratory analysts to push the limits in their fields and address complex analytical challenges. The company’s global leadership and world-class service and support in the mass spectrometry industry have made it a trusted partner to thousands of scientists and lab analysts worldwide.
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Bako Dermatopathology Services is a physician-owned provider of a wide array of anatomic and clinical pathology services. Among our specialized tests, we offer Epidermal Nerve Fiber Density Analysis, a minimally invasive tool used to assess for small fiber peripheral neuropathy. See the Bako team at Booth 220 to learn more about how we can partner with you in the management of your neuropathic patients.

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Bauerfeind medical aids help people regain their mobility and well-being. Experiences that patients who use our products have in common with professional athletes around the world. Our mission is to help people lead active, pain-free lives well into their golden years. We demand high-quality products. Bauerfeind supports, orthoses, and compression stockings are all “Made in Germany”.

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The BioScrip Pain Management Program provides comprehensive care for patients with acute, chronic, and complex pain management needs. In our state-of-the-art, 797-compliant compounding suites, we prepare customized low-, medium-, and high-risk compounded sterile products. The clinical team monitors the patient’s response to therapy and offers recommendations to optimize the analgesic regimen based on current literature and our policies and practice guidelines from leading pain management organizations.

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of medications to the patient's home. Your patients' road to relief starts with
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The Cosman Medical management team has 50 years of experience
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programmable with touch-screen controls, and has 4RF outputs and a
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For 30 years, Custom Meds by The Snyder Center of Pain Pharmacology Compounding Pharmacy has specialized in compounding medications for various pharmaceutical needs, with our true passion and expertise in topical pain relief. Unique services and products include patient specific formulas, clinical evaluations by our nurse, formula updates/recom-
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tion adherence, illicit drug usage, addiction, and substance misuse for a diversity of medical specialties, including pain and addiction medicine.

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Because more than just patient comfort should be considered when pre-
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Flowonix is a medical device company dedicated to helping those who
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INSYS Therapeutics is a specialty pharmaceutical company developing innovative products that target unmet patient needs. Our products include a proprietary sublingual fentanyl spray for treatment of breakthrough cancer pain and dronabinol products for the treatment of CINV. We focus on products that address the clinical shortcomings of existing products.

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Jazz Pharmaceuticals plc is a specialty biopharmaceutical company dedicated to helping patients with unmet medical needs. We identify, develop, and commercialize innovative products in narcolepsy, oncology, pain, and psychiatry. Our products include Xyrem® (sodium oxybate) oral solution, Erwinaze® (asparaginase Erwinia chrysanthemi), Prialt® (ziconotide) intrathecal infusion, Luvox CR® (fluvoxamine maleate), FazaClo® (clozapine, USP) HD, and FazaClo LD.

Mallinckrodt, the pharmaceuticals business of Covidien, pioneered the use of various pain management medications. We are currently expanding our proprietary franchise in pain and near adjacencies while remaining among the top 10 U.S. generic pharmaceutical companies. Our mission is to reveal and relieve disease for a healthier world.

MasterPharm is a full service PCAB-accredited compounding pharmacy. MasterPharm’s SOPs exceed all Federal USP/NF 797 Standards as well as fully complies with all standards of The New York State Board of Pharmacy. All intrathecal solutions are tested not only for potency but also for endotoxins, fungal growth, and sterility. We have an internal compliance officer as well as an independent compliance consultant who consistently performs GAP analysis of our staff, as well as our facilities.
Millennium Laboratories is the leading research-based, clinical diagnostic company dedicated to improving the lives of people with chronic pain and/or addiction. The company provides healthcare professionals with medication monitoring, drug detection, and pharmacogenetic testing services to personalize treatment plans that may improve clinical outcomes.

Medical Disposables is a privately owned biomedical technology company that supplies the most advanced line of professional CLIA-waived, FDA-approved onsite drug test to professionals in the United States and worldwide.

MedTest DX, Inc., markets a range of chemistry instruments and reagents for sale within the United States for use in clinics, hospitals, and pain management facilities. The products are focused on disease-related panels to include drug management, general health, and organ panels.

At Medtronic, we’re committed to innovating for life by pushing the boundaries of medical technology and changing the way the world treats chronic disease. Medtronic Neuromodulation provides innovative technologies and comprehensive therapy solutions for patients suffering from intractable pain and neurological disorders. We offer the most extensive range of products with exceptional technical services and patient support, and unsurpassed clinician education programs.

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MIH is the distributor of the M-brace line of orthopedic soft goods and the best LSO on the market. Our products are designed to offer maximum support while remaining comfortable and dry. Our advanced fabrics are neoprene and latex-free and are breathable.

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Mint Physician Staffing specializes in placing physicians that specialize in pain management on a permanent or locum tenen basis throughout the United States.

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Nektar Therapeutics is a biopharmaceutical company developing novel therapeutics based on its PEGylation and advanced polymer conjugation technology platforms. Nektar’s R&D pipeline includes a proprietary pain portfolio of novel molecules for the treatment of chronic, acute, and neuropathic pain. Further information about the company and its drug development programs and capabilities may be found online at www.nektar.com.

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NEUROGENX® is a nationwide enterprise with consortium, offering innovative treatment technologies and protocols for various neuropathic conditions, especially peripheral neuropathy, with dramatically restorative results substantiated with peer-reviewed studies. This exclusive treatment combines a local anesthetic with a patented FDA-cleared Electronic Signal™ Technology and offers a tremendous niche opportunity with substantial results and revenues!

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The North American Neuromodulation Society (NANS) is dedicated to being the premier organization representing neuromodulation. NANS promotes multidisciplinary collaboration among clinicians, scientists, engineers, and others to advance neuromodulation through education, research, innovation, and advocacy. Through these efforts, NANS seeks to promote and advance the highest quality patient care.

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Practical Pain Management
www.practicalpainmanagement.com
Practical Pain Management is the most prominent pain journal for practicing physicians. Founded in 2000, it features thought-leader written content and has a circulation of more than 50,000. From arthritis to migraine, multiple sclerosis to fibromyalgia, Practical Pain Management provides real-world clinical insights. Pain is complex and challenging to treat safely and effectively, and Practical Pain Management helps clinicians navigate the latest research in pain to bring these benefits to their patients.

BOOTH 528
Practice Partners in Healthcare, Inc.
www.practicepartners.org
Practice Partners is a developer, manager, and minority equity partner of single- and multispecialty ambulatory surgery centers. We specialize in the development of new centers and the optimization of existing centers in partnerships with physicians and with physician/hospital joint ventures. We deliver success-proven expertise with no development fees.
PSS Dispensing’s purpose is to strengthen caregivers by providing point-of-care treatment solutions that improve patient health, reduce expenses, and improve revenue. Whether you are an urgent care clinic, hospital, physician practice, or workers’ compensation clinic, PSS Dispensing can meet your prepackaged pharmaceutical needs. We can handle any size volume or practice size and offer prepackaged medications for a variety of in-office dispensing programs.

Purdue Pharma L.P. is known for its pioneering work on persistent pain and for providing healthcare professionals, patients, and caregivers with safe and effective therapies. Purdue provides educational resources that support the therapies' proper use. Additionally, Purdue is entering therapeutic areas, such as sleep and gastrointestinal disorders.

Regenesis Biomedical is focused on noninvasive tissue regeneration products. Regenesis developed the Provant® Therapy System. Provant reduces pain by inducing endogenous opioids and helps tissue move through, and out of, inflammation.

RS Medical is solely focused on serving pain medicine practices. For two decades, the company has delivered products to help more than 1 million patients suffering from pain and other debilitating conditions. RS understands that the needs of each practice are unique, and offers customized solutions that combine intelligent products with personal service. Together, RS partners with physicians to grow their practices through, and out of, inflammation.

Rx Development offers unparalleled DME and medication dispensing services that are above the rest. Widely used by doctors who specialize in treating workers’ compensation and auto-accident patients, Rx Development provides a comprehensive medication-dispensing program that encompasses all aspects of point-of-care pharmaceuticals.

Salix Pharmaceuticals, Inc., headquartered in Raleigh, NC, develops and markets prescription products for the treatment of gastrointestinal diseases. Salix’s strategy is to in-license late-stage or marketed proprietary products, complete any required development and regulatory submission of these products, and market them through the company’s gastroenterology specialty sales and marketing team.

Select Laboratory Partners (SLP) specializes in products and services for the physician office laboratory. SLP currently manages more than 50 laboratories for physicians in the pain management specialty. The SLP program has enabled pain management practices to improve the quality of point of care drug screening by using the IR-500 analyzer.


St. Jude Medical develops medical technology designed to put more control into the hands of those who treat cardiac, neurological, and chronic pain patients worldwide. The company is dedicated to advancing the practice of medicine by reducing risk wherever possible and contributing to successful patient outcomes. Learn more at sjm.com.


Summit Pharmacy offers unparalleled client service in facilitating prescription medication and expediting home medication delivery for workers’ compensation and auto accident patients, as well as managing the claims process for patients, attorneys, and doctors. Summit Pharmacy also offers compounded prescriptions, billing and claims management, and toxicology.
Teleflex is a leading global provider of specialty medical devices for a range of procedures in critical care and surgery. Our mission is to provide solutions that enable healthcare providers to improve outcomes and enhance patient and provider safety.

Terason is an advanced ultrasound company setting new standards for imaging performance and ease of use. The Terason 13200 Ultrasound System - MSK Series with flexible imaging technology (FIT) simplifies musculoskeletal ultrasound with enhanced image quality, custom exam presets, and state-of-the-art transducers. Terason is entrusted by thousands of clinicians and partners throughout the world for ultrasound diagnosis and interventional guidance.

Teva CNS is a leading global pharmaceutical company committed to increasing access to high-quality health care by developing, producing, and marketing affordable generic drugs as well as innovative and specialty pharmaceuticals and active pharmaceutical ingredients. Teva’s branded businesses focus on CNS, oncology, pain, respiratory, and women’s health therapeutic areas as well as biologics.

Tx360® is specially designed for use in adults to deliver small amounts of fluid selected by a healthcare professional to the anatomical structures along the nasal pathway. This device allows easy, safe, and instant access to the innermost hidden areas of the nasal pathway. In particular, it allows professionals to easily and accurately reach the sphenopalatine foramen, which is essential when performing a sphenopalatine ganglion nerve block. It is the only device in the world for this purpose.

Wondfo is a manufacturer of multi-drug tests as well as other POCT tests. We offer different custom cups and dip cards, and most of the configuration are CLIA waived. From our drug test line, we have, in total, 17 drug-test parameters with standard cut off and lower cut off. We can customize any end-user friendly cups to meet better satisfaction based on our other custom cups experience.

Zogenix, Inc. (Nasdaq:ZGNX) is a pharmaceutical company commercializing and developing products for the treatment of central nervous system disorders and pain. Zogenix’s lead product candidate, Zohydro™ (hydrocodone bitartrate), is a novel, oral, single-entity (without acetaminophen) extended-release capsule formulation currently in Phase 3 clinical trials for the treatment of moderate to severe chronic pain in patients requiring around-the-clock opioid therapy. Please visit www.zogenix.com.
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For more information, visit www.painmed.org, call 847.375.4731, or e-mail info@painmed.org.
MISSION: TO ADVOCATE FOR PATIENT SAFETY BY PROVIDING FUNDING SUPPORT TO EXPAND AND ENHANCE EDUCATION AND RESEARCH

We invite you to learn more about the Foundation’s Campaign to Advance Patient Safety. Our campaign seeks $1.5 million to expand and improve access to AAPM’s educational offerings and research activity. Our campaign initiatives include the following:

- Expanded continuing medical education programs
- New web-based delivery and knowledge management systems
- Investments in the Early Career Investigator Small Grants Program
- Pioneering patient-focused educational initiatives.

Campaign Goal: $1,500,000

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Indications: The Prometra Programmable Infusion System is indicated for intrathecal infusion of Infumorph® (preservative-free morphine sulfate sterile solution) or preservative-free sterile 0.9% saline solution (Sodium Chloride Injection, USP). Drug Information: Refer to the Infumorph labeling for a complete list of indications, contraindications, warnings, precautions, dosage information and screening procedures. Contraindications: Implantation of this device is contraindicated when: The presence of infection is known or suspected; contraindications relating to Infumorph must be observed and followed per the approved drug labeling. Warnings: (1) Use of unapproved drugs (e.g., drug cocktails, pharmacy compounded drugs, morphine with preservatives, etc.) with the Prometra pump could result in pump failure and/or serious adverse events including death. (2) Failure to empty the pump prior to exposure to MRI environment could result in drug overdose that could lead to serious patient injury or death. Precautions: Safety and effectiveness for use in pediatric patients under 22 years old has not been investigated or established. Caution: Federal Law (USA) restricts this device to sale by or on the order of a physician. Complete Prometra Instructions for Use and Infumorph drug labeling must be reviewed prior to use.
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Only Medtronic offers pain neurostimulation systems† that are FDA-approved for MRI head scans.*

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*Under specific conditions of use. Refer to approved labeling.
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Brief Summary: Product Technical Manuals and Programming Guides must be reviewed prior to use for detailed disclosure.

Indication for Use - Chronic, refractory pain of the trunk and/or limbs - including unilateral or bilateral pain.

Contraindications: Diathermy.

Warnings: Defibrillation, diathermy, electrocautery, MRI, RF ablation, & therapeutic ultrasound can result in unexpected changes in stimulation, serious patient injury or death. Neurapraxia of the neurostimulator can result in patient discomfort. Electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging.

Adverse Events: Unilateral change in stimulation, hematuria, postural hemorrhage, paralytic, seizures, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic’s website at www.medtronic.com. US Rx Only. Rev 0114.
Brief Summary: Product Technical Manuals and Programming Guides must be reviewed prior to use for detailed disclosure.

Indication for Use: Chronic, intractable pain of the trunk and/or limbs including unilateral or bilateral pain. Contraindications: Diathermy. Warnings: Defibrillation, diathermy, electrocautery, MRI, RF, ablation, and therapeutic ultrasound can result in unexpected changes in stimulation, serious patient injury or death. Rupture/piercing of neurostimulator can result in severe burns. Electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device.

Precautions: The safety and effectiveness of this therapy has not been established for: pediatric use, pregnancy, unborn fetus, or delivery. Follow programming guidelines and precautions in product manuals. Avoid activities that stress the implanted neurostimulation system. EMI, positional changes, and other activities may cause a shocking/painful. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging.

Adverse Events: Undesirable change in stimulation, hematoma, epidural hematomage, paralysis, seroma, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation, and surgical risks.

For full prescribing information, please call Medtronic at 1 (800) 328-0810 and/or visit Medtronic’s website at www.medtronic.com.

USA Rx Only  Rev 01/13

SynchroMed® II Drug Infusion System Brief Summary: Product technical manuals and the appropriate drug labeling must be reviewed prior to use for detailed disclosure.

Indications: US: Chronic intraspinal (epidural and intrathecal) infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic intrathecal infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of Lioresal® Intrathecal (baclofen injection) for the management of severe spasticity, chronic intrathecal infusion of nalorexine (FUDOP) or methotrastate for the treatment of primary or metastatic cancer. Outside of US: Chronic infusion of fluids or drugs tested as compatible and listed in the product labeling. Contraindications: Injection, implant depth greater than 2.5 cm below skin, insufficient body use, spinal abnormalities, drugs with preservatives, drug contraindications, drug formulations with pH ≥7.0, use of catheter access port (CAP) kit for refills or refill kit for catheter access, blood sampling through CAP in vascular applications, use of Personal Therapy Manager to administer opioid to opioid naïve patients or to administer ziconotide. Warnings: Non-indicated formulations may contain neurotoxic preservatives, antimicrobials, or anticoagulants, or may be incompatible with and damage the system. Failure to comply with all product instructions, including use of drugs or fluids not indicated for use with system, or of questionable sterility or quality, or use of non-Medtronic components or inappropriate kits, can result in improper use, technical errors, increased risks to patient, tissue damage, damage to the system requiring revision or replacement, and/or change in therapy, and may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug under- or overdose. Refer to appropriate drug labeling for indications, contraindications, warnings, precautions, dosage and administration information, screening procedures and underdose and overdose symptoms and methods of management. Physicians must be familiar with the drug stability information in the product technical manuals and must understand the dose relationship to drug concentration and pump flow rate before prescriptive pump infusion. Implantation and ongoing system management must be performed by individuals trained in the operation and handling of the infusion system. An inflammatory mass that can result in serious neurological impairment, including paralysis, may occur at the tip of the implanted catheter. Physicians should monitor patients intrapatient therapy carefully for any new neurological signs or symptoms, change in underlying symptoms, or need for rapid dose escalation. Inform patients of the signs and symptoms of drug under- or overdose, appropriate drug warnings and precautions regarding drug interactions, potential side effects, and signs and symptoms that require medical attention, including

profoundal signs and symptoms of inflammatory mass. Failure to recognize signs and symptoms and seek appropriate medical intervention can result in serious injury or death. Instruct patients to notify their healthcare professionals of the implanted pump before medical tests/procedures, to return for refills at prescribed times, to carry their Medtronic device identification card, to avoid manipulating the pump through the skin, to consult with their clinician if the pump alarms and before traveling or engaging in activities that can stress the infusion system or involve pressure or temperature changes. Strong sources of electromagnetic interference (EMI), such as short wave (RF) diathermy and MRI, can negatively interact with the pump and cause heating of the implanted pump, system damage, or changes in pump operation or flow rate, that can result in patient injury from tissue heating, additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose. Avoid using shortwave (RF) diathermy within 30 cm of the pump or catheter. Effects of other types of diathermy (microwave, ultrasonic, etc.) on the pump are unknown. Drug infusion is suspended during MRI for patients who can not safely tolerate suspension, use alternative drug delivery method during MRI. Patients receiving intrathecal baclofen therapy are at higher risk for adverse events, as baclofen withdrawal can lead to a life threatening condition if not treated promptly and effectively. Confirm pump status before and after MRI. Reference product labeling for information on source of EMI, effects on patient, and system, and steps to reduce risks from EMI.

Precautions: Monitor patients after device or catheter replacement for signs of underdose/overdose. Infuse preservative-free (intrathecal) saline or, for vascular applications, infuse heparinized solutions therapy at minimum flow rate if therapy is discontinued for an extended period of time to avoid system damage. EMI may interfere with programmer telemetry during pump programming sessions. EMI from the SynchroMed programmer may interfere with other active implanted devices (e.g., pacemaker, defibrillator, neurostimulator).

Adverse Events: Include, but are not limited to, spinal vascular procedure risks, infection, bleeding, tissue damage, damage to the system or loss of, or change in, therapy that may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose, due to end of device service life, failure of the catheters, pump or other system component, pump inversion, technical programming errors, or improper use, including use of non indicated formulations and/or not using drugs or system in accordance with labeling, pocket seroma, hematoma, erosion, infection, post-lumbar puncture (spinal headache), CSF leak and cerebrospinal fluid/vascular system pressure-related problems, myelitis, coagulopathies, spinal cord bleeding/damage; meningitis; neurological impairment (including paralysis) due to inflammatory mass; potential serious adverse events from catheter fragments in intrathecal space, including potential to compromise antibiotic effectiveness for CSF infection, anesthesia complications, body rejection phenomena, local and systemic drug toxicity and related side effects; potential serious adverse effects from catheter placement in intravascular applications.

Lioresal® is a registered trademark of Medtronic, Inc.

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and
Dr. Jeff Gudin, MD

Friday April 12, 2013
12:30-1:30
Grand Ballroom H&F

AAPM will provide lunch at noon to all attendees. Pre-registration is recommended.