PAIN MEDICINE: PHOENIX 2014

THE EMERGING SCIENCE & RESEARCH OF PAIN MEDICINE

Celebrating 30 years on the frontiers of pain medicine

MARCH 6–9, 2014
PRECONFERENCE SESSIONS BEGIN MARCH 5

PHOENIX CONVENTION CENTER • SHERATON DOWNTOWN PHOENIX

30TH ANNUAL MEETING • REGISTER EARLY AND SAVE
A MESSAGE FROM AAPM’S PRESIDENT

IT TAKES MANY TRUE LEADERS TO BECOME A TOP-TIER PAIN ORGANIZATION.
As I approach the eve of my tenure as president of the American Academy of Pain Medicine (AAPM), I consider it a privilege to lead us in a celebration of our 30th year of serving pain physicians and their treatment teams. The practice of pain medicine has come a long way in those 30 years. Pain physicians have become recognized, distinct specialists in the eyes of the public. As we have embraced the science of pain medicine, we have defined for our colleagues what the pain specialist looks like and displayed the expertise that we bring to treatment teams.

AAPM has established and maintained its position of leadership because we bring a multimodal, multidisciplinary approach to the practice and science of pain. AAPM is the pain organization owned and loved by the foremost experts in pain medicine. That is why we are a leading organization. Together, we take the hits, ask the tough questions, forge new scientific trails, and strive to educate, all with the hope of better lives and safe, effective treatments for the 100 million people who suffer with pain.

The 2014 Annual Meeting is indeed the year to celebrate 30 years of our collective leadership in the medical science of pain because, despite the costs, we clearly have much to celebrate. AAPM and its physician leaders have made great strides this past year.

Leaders Display Strength Under Fire
Perhaps more than any other specialty, pain physicians can find themselves in the “firing lines” for any number of reasons by many different audiences. Even when they have been under fire, AAPM physician leaders have continued to lead and develop science and literature on various issues so that the medical community and society at large can provide the best care to people with pain. Because of this strong stance, progress has continued in the science and medicine of pain, and this year’s annual meeting will be filled with some of these findings.

Leaders Learn and Adapt to Real-Time Needs
The field of pain medicine has continued to change and grow with the new science, information, and medical practices that these changes bring. You will see advances in our field from the science being presented at our educational sessions, demonstrating the results of our continued pursuit of research and education to provide attendees with the most current look at
• acute pain medicine—understanding the entire spectrum of pain
• interdisciplinary pain care models
• the cutting-edge of clinical practice for the most commonly seen pain syndromes
• the practice of value-based pain care—public health
• the future of pain as it relates to research, advocacy, education, and ethics.

Leaders Invest Their Resources in What Is Best for Those They Serve
This year, the Academy has invested heavily in seeking what is best for the medical community, people with pain and their caregivers, and the community at large. Our physician leaders have
• sought more funding for better education and research
• provided safe prescribing information to the entire medical community
• met with pharmacies to address drug shortages, diversion, and other crucial issues
• advocated for fair reimbursements for all types of treatments that are needed for people with pain
• worked with the FDA, DEA, and other government officials to contribute to models of pain care.

Being a Leader in the Medical Science and Practice of Pain Medicine Necessitates that We Own the Pulse of the Field of Pain Medicine
From this vista it is clear that our collective effort has made a difference! At each touch point of society, whether clinician or caregiver, media or government, primary care or specialist, pain is being practiced better, safer, and with greater understanding than ever before. Please join us in Phoenix, AZ, to celebrate 30 years of pain medicine and 30 years of leading physicians and clinicians in all specialties in the better and safer practice of pain medicine.

Lynn R. Webster, MD
AAPM President
ABOUT THE MEETING

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

Recent program participants included specialists in anesthesiology, physical medicine and rehabilitation, family practice, internal medicine, neurology, psychiatry, nursing, neurosurgery, and rheumatology. Their practice settings included private pain practice clinics, hospital-based practices, academic research institutions, Veteran’s Administration health systems, the military, private practices, multispecialty clinics, and research and public health settings. This program provides a comprehensive overview and review of current and cutting-edge pain medicine practice topics that benefit pain practitioners of all levels of clinical experience in pain medicine, with 36% of 29th Annual Meeting participants having more than 15 years of clinical experience in pain medicine, 15.4% having 11–15 years of clinical experience, 15% having 1–3 years or 7–10 years of clinical experience, 11.6% having 4–6 years of clinical experience, and 8.3% having less than 1 year of clinical experience in pain medicine. No prior preparation is required to attend.

WHY YOU SHOULD ATTEND
The AAPM Annual Meeting will engage pain specialists and all clinicians to improve the quality, safety, and effectiveness of pain medicine treatments and modalities across the healthcare continuum. As an extension of the live Annual Meeting intervention, postprogram activities will empower pain champions to transform their own communities by improving the assessment, evaluation, clinical decision-making skills, and patient-centered communication strategies needed to deliver the right pain care at the right time in the appropriate practice setting by providing

- practice management strategies to improve the delivery of value-based pain care
- access to functional interdisciplinary pain care models and integrative treatment modalities
- cutting-edge approaches to improving the quality, safety, and efficacy of care for common and complex pain disorders
- excellent opportunities to advance the specialty of pain medicine through research, advocacy, ethics, and education
- treatment models designed to improve the practice of acute pain medicine and prevent the transition from acute to chronic pain.

MEETING OBJECTIVES
After attending the meeting, participants should be better able to

- demonstrate the value of a multidisciplinary team approach to the management of acute, chronic, and cancer pain syndromes
- examine clinical assessment and treatment protocols to improve the treatment of acute, myofacial, adolescent, cancer, lumbar, joint, and spine pain
- overcome barriers to the implementation of evidence-based strategies to improve the management of chronic migraines and intractable headaches

- implement the utilization of cost-effective and evidence-based integrative pain management modalities
- implement patient selection criteria and risk management and patient safety protocols designed to mitigate risks and improve patient outcomes through interventional pain therapies
- optimize the assessment and evaluation of psychological factors that predict opioid prescription misuse and abuse
- improve the practice of setting functional goals as a standard component of the patient-centered pain treatment plan
- critically review the pros and cons for select interventional pain techniques
- reduce costs and improve efficacy through the utilization of evidence-based integrative pain techniques
- analyze the systemic changes necessary to reframe the delivery of pain care through a top-down, social- and population-based model of patient-centered care
- increase participation in “real-time” pain research and pain registries
- utilize outcome tracking tools to identify effective evidence-based individualized treatment plans
- improve the coordination and utilization of evidence-based, patient-centered, and value-oriented pain care in the primary care setting
- advance the role of the patient in improving compliance and patient outcomes
- maximize efficiencies and improve the business model of pain medicine.

2014 ANNUAL MEETING DESIRED OUTCOMES

- Maintain a knowledgeable and competent work force of pain medicine and primary care clinicians.
- Improve the safety of acute and chronic pain treatment protocols.
- Improve the delivery of value-based pain care through utilization of outcomes tracking software.
- Decrease the rate of opioid- and pain analgesic-related adverse events.
- Improve functional pain outcomes through the utilization of patient-centered treatment plans.
- Increase participation in “real-time” pain research and pain registries.

EVALUATION AND OUTCOME ASSESSMENT STRATEGIES
Several evaluation and outcome assessment strategies/methods will be utilized to achieve Moore’s Outcome’s Level 5.

Case-based pre- and post-assessments data sets that will report notable improvements in knowledge and competence in one or more learning objectives identified through targeted 2014 education interventions and linked directly to the 2014 Annual Meeting desired outcomes

CME evaluation and practice change survey, in which attendees report their intent to change practices and barriers to change, in addition to addressing any barriers preventing those practice changes as a result of engaging in the Annual Meeting education interventions
ABOUT THE MEETING

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 30th Annual Meeting for a maximum of 32.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAPM 30th Annual Meeting and Related Education Programs
30th Annual Meeting ............................... up to 16.25 credits
Essential Tools for Treating the Patient in Pain™ ............... 16 credits
Ultrasound Guidance for the Pain Physician .......... 4 credits

Please note: Attendees cannot receive credit for simultaneous sessions, including preconference sessions and concurrent workshops. The highest number of credits can be earned by combining the 30th Annual Meeting and Essential Tools for Treating the Patient in Pain™, which will provide a maximum of 32.25 CME credits.

ACCME’S “ACCREDITATION WITH COMMENDATION” AWARDED TO AAPM EDUCATION
AAPM was resurveyed by the ACCME and awarded Accreditation with Commendation as a provider of CME for physicians for a term of 6 years through November 30, 2017. The 6-year accreditation is the highest accreditation awarded by the ACCME.

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

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

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

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

EDUCATIONAL METHODS
Annual meeting educational formats and methodology will incorporate core principles of evidence-based adult education, including, but not limited to, live, interactive, case-based lectures and hands-on education interventions utilizing interactive Q&A sessions, polling questions, additional learning resources, and longitudinal evaluation strategies targeted to measure the impact of the AAPM Annual Meeting on improvement in knowledge, competence, and performance.

DISCLOSURE
It is the policy of AAPM to plan and implement educational activities in accordance with ACCME’s Essential Areas and Elements Section 3.3 to ensure balance, independence, objectivity, and scientific rigor. As an ACCME-accredited provider, AAPM requires all program faculty and planners 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 potential conflicts of interest will be resolved prior to the presentation. Planning committee and faculty disclosures are listed in this brochure. Updates to faculty disclosure information will be available to attendees in the program book and on the AAPM Annual Meeting website. Faculty will also be expected to disclose their information to the audience both verbally and in print (slide presentation) prior to the beginning of each CME presentation.

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

SYLLABUS FORMAT
Registrants will be able to view, download, and print faculty slides and presentation information on the website 1 week prior to the 30th Annual Meeting and for a limited time after the meeting. Evaluation forms will be available online.

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

SPECIAL SERVICES
AAPM will work to accommodate any attendees with a disability. Advance notification is needed to accommodate all special requests, as stated in the Americans with Disabilities Act.
**PRECONFERENCE SESSIONS**

**WEDNESDAY, MARCH 5–THURSDAY, MARCH 6**

**7:15 am–5:30 pm**

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

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. Electronic handouts are available 1 week before the program, but printed handouts must be prepurchased (see registration form).

**THURSDAY, MARCH 6**

**7:30–11:30 am**

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

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, Co-Chair
- Matthew J. Pingree, MD, Co-Chair
- Stephan M. Esser, MD
- Bryan C. Hoelzer, MD
- Susan M. Moeschler, MD
- James C. Watson, MD
- Steven J. Wisniewski, MD
- Additional Faculty TBD

**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.

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

*There is an additional fee to attend all preconference sessions. Preregistration is required.*
# Schedule at a Glance

## Wednesday, March 5

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>7:15–11:40 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>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, March 6

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</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 am–Noon</td>
<td>POTENTIAL AAPM-PROVIDED LUNCH</td>
</tr>
<tr>
<td>Noon–1 pm</td>
<td>POTENTIAL SATELLITE SYMPOSIUM</td>
</tr>
<tr>
<td>1:15–5:15 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>5:15–5:30 pm</td>
<td>Ultrasound Guidance for the Pain Physician (001PM)</td>
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<tr>
<td>5:15–6:45 pm</td>
<td>AAPM 30th Annual Meeting Welcome Reception</td>
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## Friday, March 7

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8–9:15 am</td>
<td>Keynote Presentation: A Nation in Pain (101)</td>
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<tr>
<td>9:15–10:15 am</td>
<td>BREAK EXHIBITS &amp; POSTER SESSIONS—GROUP 1</td>
</tr>
<tr>
<td>10:15–11:15 am</td>
<td>Epidural Injections for Spinal Pain: The Evidence (102)</td>
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<tr>
<td>11:15 am–Noon</td>
<td>Plenary Research Highlights (103)</td>
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<tr>
<td>Noon–12:30 pm</td>
<td>AAPM-PROVIDED LUNCH</td>
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<tr>
<td>12:30–1:30 pm</td>
<td>POTENTIAL SATELLITE SYMPOSIUM</td>
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<tr>
<td>1:45–2:45 pm</td>
<td>Opioid Cessation: Why, When, and How (201)</td>
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<tr>
<td>2:45–3:45 pm</td>
<td>Poster Research Highlights (202)</td>
</tr>
<tr>
<td>3:45–4:45 pm</td>
<td>Improving Pain Treatment Protocols: AAPM and the FDA Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) Initiative (206)</td>
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<tr>
<td>4:45–5 pm</td>
<td>The Challenge of Intractable Headaches: What to Do When All Else Fails (207)</td>
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<tr>
<td>5–6 pm</td>
<td>Acupuncture in Military Pain Medicine (208)</td>
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<tr>
<td>5–6 pm</td>
<td>National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing (211)</td>
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<tr>
<td>6–7:30 pm</td>
<td>AAPM 30th Annual Meeting Reception Exhibits &amp; Poster Sessions—Group 2</td>
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### SCHEDULE AT A GLANCE

#### SATURDAY, MARCH 8

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>6:45–7:45 am</td>
<td>POTENTIAL SATELLITE SYMPOSIUM</td>
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<tr>
<td>8–9:30 am</td>
<td>Updates in Chronic Pain Management in the Adolescent Population (301)</td>
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<td>Practice Improvement: Operationalizing Value-Based Pain Medicine Care (302)</td>
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<td>The Essentials of Acute Pain Medicine (303)</td>
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<tr>
<td>9:30–10:45 am</td>
<td>BREAK</td>
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<tr>
<td>10:45–11:45 am</td>
<td>EXHIBITS &amp; POSTER SESSIONS – GROUP 2</td>
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<tr>
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<td>Mind over Pill: Reducing Opioids and Optimizing Psychology (304)</td>
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<td></td>
<td>Advances in Dorsal Root Ganglion and High Frequency Spinal Cord Stimulation (305)</td>
</tr>
<tr>
<td>11:45 am–12:15 pm</td>
<td><strong>AAPM-PROVIDED LUNCH</strong></td>
</tr>
<tr>
<td>12:15–1:15 pm</td>
<td>POTENTIAL SATELLITE SYMPOSIUM</td>
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<tr>
<td>1:30–2:15 pm</td>
<td>AAPM Members’ Business Meeting</td>
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<td>AAPM 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>Analgesic Medication Controversies and Conundrums (307)</td>
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<td>National Initiatives in Pain Medicine Education (308)</td>
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<td>Updates to the Theory and Practice of Acute Pain Medicine (309)</td>
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<tr>
<td>4:15–5:45 pm</td>
<td>HEADACHE: THE COMMON, CAN’T MISS, AND INTERVENTIONALLY AMENABLE (310)</td>
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<td>Waveforms for Stimulation: The Basic Science (311)</td>
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<td></td>
<td>Improving Safety: Practical Issues in Acute Pain Medicine (312)</td>
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#### SUNDAY, MARCH 9

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:30–9:30 am</td>
<td>Best Practices: Safe Opioid Prescribing (401)</td>
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<td>Neuropathic Pain: Improving Outcomes Through Classification, Diagnosis, and Evidence-Based Treatment Strategies (402)</td>
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<td>Advancing the Ethics of Pain Management (403)</td>
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<tr>
<td>9:30–9:45 am</td>
<td>BREAK</td>
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<tr>
<td>9:45–10:45 am</td>
<td>Optimizing Interprofessional Teamwork (404)</td>
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<td></td>
<td>Improving Safety and Outcomes: Intrathecal Drug Delivery (405)</td>
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<td></td>
<td>Contemporary Concepts in Cancer Pain Management (406)</td>
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<tr>
<td>10:45–11 am</td>
<td>BREAK</td>
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<tr>
<td>11 am–Noon</td>
<td>Physical Examination and Differentiation of Lumbar Spine, SI Joint, and Hip Joint Problems (407)</td>
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<td>The Aging Population and Chronic Pain: Interprofessional Perspectives, Guidelines, and Patient-Centered Goals (408)</td>
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<td></td>
<td>Square Pegs in Round Holes? Do Clinical Treatment Guidelines Fit Our Patients’ Treatment Needs? (409)</td>
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FRIDAY, MARCH 7

8–9:15 am

**Keynote Presentation: A Nation in Pain (101)**

*Judy Foreman*

Ms. Foreman’s multimedia presentation dramatically shows the impact of the chronic pain epidemic on America, making the case that, although pain reliever abuse gets most of the headlines, the bigger problem nationally is poor management of pain. It details the paucity of education about pain in medical schools and of funding for pain research at the federal level. In addition, Ms. Foreman documents the gender disparities in pain research and pain care, explains the intricate overlap of pain and depression, and argues that failure to treat pain adequately is tantamount to torture by omission.

Judy Foreman is a nationally syndicated health and medicine columnist. She was a staff writer at The Boston Globe from 1978–2000 and has been a medical specialist and science writer since 1985. She continued to write her column for the Globe and other newspapers until recently, when she stopped to finish her book. Ms. Foreman cowrote the script for a video documentary about a young woman dying of breast cancer that won the 1998 George Foster Peabody award, was a lecturer on medicine at Harvard Medical School, and was a consultant/patient advocate at Beth Israel Deaconess Medical Center from 2001 to 2004. She was also a Medical Ethics Fellow from 2000 to 2001 at Harvard Medical School and an affiliated scholar in the Women’s Studies Research Center at Brandeis University.

10:15–11:15 am

**Epidural Injections for Spinal Pain: The Evidence (102)**

*Steven P. Cohen, MD*

Epidural steroid injections (ESIs) are the most widely utilized and studied pain management procedures in the world, with more than 45 placebo-controlled studies and dozens of systematic reviews having been performed. Despite the extensive literature on the subject, controversy continues to surround the efficacy and safety of their use. This session explores available evidence and data collected in multiple studies, providing updates regarding the benefits and risks of various types of ESIs.

Steven P. Cohen, MD, is a professor of Anesthesiology & Critical Care Medicine at the Johns Hopkins School of Medicine, and professor at the Uniformed Services University of the Health Sciences in Bethesda, MD. He is also the director of medical education and quality improvement for the pain management division at Johns Hopkins, director of pain research at Walter Reed National Military Medical Center, and the reserve liaison to the U.S. Army Pain Management Consultant to the Surgeon General.

11:15 am–Noon

**Plenary Research Highlights (103)**

*Moderator*

*James C. Watson, MD*

*Faculty*

*TBD*

Increasing both the quality and quantity of scientific pain research remains a primary goal for the 30th Annual Meeting Planning Committee. The reputation of AAPM as a premier academic and scientific research organization continues to increase as a result of the quality and quantity of cutting-edge scientific research abstracts submissions. The Scientific Poster Abstract Committee has selected two of the highest ranking 2014 poster submissions for presentation in this plenary venue. An additional five of the highest-ranking poster submissions will be presented in a concurrent Poster Research Highlights session on Friday afternoon.
FRIDAY, MARCH 7

1:45–2:45 pm
Opioid Cessation: Why, When, and How (201)
Providing guidance for terminating opioid therapy responsibly and safely when such termination is clinically indicated, this session reviews criteria that will assist prescribers in understanding opioid therapy termination, including the literature (the WHY) of potential treatment alternatives. It next discusses WHEN such termination should be initiated, focusing on patient factors, treatment factors, and the clinical context and setting. This session particularly focuses on HOW opioid termination can be implemented, addressing the mechanics of opioid cessation, patient issues, psychological dependence from a pain rather than substance abuse perspective, and exposure issues. Case studies illustrate the most common and difficult behavioral termination scenarios and an interactive panel discussion addresses opioid termination procedure issues and challenges.

Moderator
W. Michael Hooten, MD
Medical Aspects of Opioid Tapering
W. Michael Hooten, MD
Multidisciplinary Pain Rehabilitation and Opioid Tapering
Jennifer L. Murphy, PhD
Opioid Cessation: How to Say “No” Helpfully
Anthony J. Mariano, PhD

1:45–2:45 pm
Poster Research Highlights (202)
AAPM’s reputation 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 the research highlights presented in the plenary venue, this scientific session provides cutting-edge research from five additional award-winning scientific poster submissions.

Moderator
James C. Watson, MD
Faculty
TBD

1:45–2:45 pm
Interdisciplinary Pain Management in the Military: Making a Difference in the Civilian Practice (203)
The U.S. Army Comprehensive Pain Management Campaign Plan (CPMCP) directed the development of a multimodal, interdisciplinary approach to pain management for military populations. This session provides a general overview of the CPMCP and discusses data to support the effectiveness of an intensive functional restoration approach to active duty service members and the critical value it brings to the contemporary civilian pain medicine practice. In addition, it explores integrative techniques, providing a literature review and military utilization, as well as its application into interdisciplinary care in the civilian practice, providing pearls that will assist in the rehabilitation of all active, motivated pain patients.

Moderator
Diane M. Flynn, MD COL (Ret) MC USA
Intensive Functional Rehabilitation for the Soldier and Athlete: The Eisenhower Medical Center Experience
Jeffrey M. Tiede, MD MAJ MC USA
Intensive Functional Rehabilitation for the Soldier and Athlete: The Madigan Medical Center Experience
Diane M. Flynn, MD COL (Ret) MC USA
Integrative Medicine: Literature Review, Military Utilization, and Application into Interdisciplinary Care
Laura L. McGhee, PhD

1:45–2:45 pm
Concurrent Session TBD (204)

3:15–4:45 pm
Acupuncture in Military Pain Medicine (208)
Acupuncture is a psychobiological therapeutic model focusing on supplementing existing pain care in the interrelated areas of trauma that encompass rape, drug use, brain trauma and posttraumatic stress disorder (PTSD), and alcohol and drug use prevention and therapy as perioperative care. This session explores the use and efficacy of battlefield (auricular) acupuncture, developed as an adjunct method for rapid pain control following trauma and currently being used in combat. It explains how this technique is being used as a foundation technique for the socialization of acupuncture theories in federal medicine. In addition, faculty explain how acupuncture is cost effective and evidence-based driven, with acupuncturists requiring minimal equipment and minimal operation setups while providing physiological system-wide therapies at lower cost than other traditional pain management techniques.

An example of a Western approach to acupuncture is intramuscular stimulation (IMS). IMS uses acupuncture needles to treat myofascial trigger points paraspinally at identified levels of pathology and in the periphery in the segmental, myotomal pattern. IMS stimulation of the muscle causes reflex stimulation at the spinal segments treated. It is not a technique of acupuncture per se, but it is based on allopathic principles of anatomy, physiology, and pathophysiology. The results are often dramatic and long lasting.

An additional (consecutive) session will be devoted to practical training of battlefield acupuncture with audience participation.
FRIDAY, MARCH 7 (continued)

**Acupuncture in Military Pain Medicine (208) (continued)**

Moderator  
Chester C. Buckenmaier III, MD COL MC USA

Introduction of Acupuncture in the U.S. Military  
Chester C. Buckenmaier III, MD COL MC USA

Treating Myofascial Pain: Neuropathic Model for Directing Therapy  
Heather Tick, MD

Acupuncture in Posttraumatic and Perioperative Care  
Eric Serejski, L Ac Dipl AC CH

Neuroimaging Outcomes as Biomarkers for Acupuncture Analgesia  
Vitaly Napadow, PhD

**3:45–4:45 pm**

**National Pain Registries: The Real World Meets Randomized-Controlled Trials (205)**

This scientific session outlines the importance of using registry information due to its high exchangeability and usefulness in identifying regional, national, and international best practices. It describes the progress that has been made to develop and utilize large chronic and acute pain registries for improving point-of-care decision making, quality improvement, and research. In addition, faculty will outline appropriate data elements, data collection, and analysis methods for large databases, highlighting the registry process for the field of pain.

Moderator  
Sean Mackey, MD PhD

Design and Implementation of an Open Source Pain Registry  
Sean Mackey, MD PhD

Tracking and Evaluating Pain Outcomes Using Clinical Registry Data  
Ming-Chih Kao, MD PhD

NIH PROMIS: Bringing Patient Reported Outcomes into the 21st Century  
Karon F. Cook, PhD

**3:45–4:45 pm**

**Improving Pain Treatment Protocols: AAPM and the FDA Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) Initiative (206)**

The ACTTION initiative was formed to tackle important problems in pain clinical trials, detailing the working group’s consensus-based approach that resulted in publication of several papers on the methodology of improving analgesic clinical studies, with the end result of delivering improved clinical care. This session explores these work products, including conducting treatment effectiveness studies using practice electronic health records, classifying opioid abuse-related events in clinical trials and practice, identifying new approaches to developing standardized diagnostic criteria for chronic pain syndromes, and clinical study methods used to decrease placebo response and improve assay sensitivity to create a repository of data aggregated from multiple trials, allowing researchers to conduct pooled analyses across trials. This session also addresses the role of biomarkers in clinical pain research and practice.

Moderator  
Ajay D. Wasan, MD MSc

Overview of ACTTION  
Ajay D. Wasan, MD MSc

The Accomplishments of ACTTION  
Shannon M. Smith, PhD

**3:45–4:45 pm**

**The Challenge of Intractable Headaches: What to Do When All Else Fails (207)**

Chronic daily headache is prevalent and debilitating both as a stand-alone condition and as a comorbidity in other chronic pain disorders. Chronic daily headache can be classified by etiology (new daily persistent headache, chronic migraine, or medication overuse headache). The treatments of chronic daily headache are distinct from other common, can’t miss, and interventionally amenable headaches. This session focuses on defining the types, pathophysiology, and societal burden of chronic headache. Exploring the value of a multidisciplinary team approach to the management of chronic migraine, this session also discusses barriers to improvement from chronic headache, providing strategies to improve treatment. In addition, the session provides insight on new inpatient and outpatient interventional, pharmacological, and behavioral treatments and reviews the guidelines and published outcomes of these treatments.

Moderator  
James C. Watson, MD

Chronic Daily Headache: The Essentials of Scope, Diagnosis, and Management  
Robert P. Cowan, MD

Treating Intractable Headache: Barriers and Solutions  
Joel Saper, MD
CONCURRENT SESSIONS

5–6 pm
Shifting the Paradigm: Reframing Pain as a Population-Based Initiative (209)
Advancing the field of pain medicine by inverting the current approach to pain education, translational research, and treatment in primary care as a bottom-up process, this session identifies shortcomings of current-day pain education, research, and care, describing how a paradigm shift to reframe pain as a top-down, social, and population-based process would improve the treatment of pain in the United States. In addition, this session discusses social networking in people with chronic pain and in primary care teams, such as the Pain Champion and Community of Practice Network in the Veteran’s Health System, in collaboration with pain medicine specialty teams.
Moderator
Daniel B. Carr, MD
Pain Education: From Biopsychosocial to Sociopsychobiological
Daniel B. Carr, MD
Population-Based Clinical Initiatives and Social Networking
Rollin M. Gallagher, MD MPH
The Pharmacogenomics Gap: Deep Phenotyping and Other Advances
Raymond A. Dionne, DDS PhD

5–6 pm
Muscle Pain Syndromes: Improving Evaluation and Treatment (210)
This session discusses the physiology and etiology of muscle pain syndromes, with a targeted focus on two pain syndromes, myofascial pain syndrome and fibromyalgia, often seen and often confused. It compares and contrasts these two overlapping syndrome’s etiology, pathophysiology, clinical evaluation, and treatment techniques, providing the clinician with improved techniques they can utilize to provide better care for patients suffering from these muscle pain syndromes.
Moderator
Martin Grabois, MD
Path of Physiology of Muscle Pain Syndromes
R. Norman Harden, MD
Clinical Evaluation: Diagnosis and Treatment of Myofacial Pain
Sridhar V. Vasudevan, MD
Clinical Evaluation: Diagnosis and Treatment of Fibromyalgia
Martin Grabois, MD

5–6 pm
National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing (211)
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). It provides critical information on NIH funding opportunities in pain research as well as defined funding mechanisms, peer review processes, and referral processes with the NIH. It offers an excellent opportunity to investigate NIH grant writing from a principal investigator’s perspective, while also improving an applicant’s success in receiving research funding.
Moderator
Yu (Woody) Lin, MD PhD
Funding Opportunities and Mechanisms at NIH
Yu (Woody) Lin, MD PhD
NIH Grant Applications: A Primer on Peer Review
Lee S. Mann, PhD JD
NIH Grant Writing: A Principle Investigator’s Perspective
Sean Mackey, MD PhD

5–6:45 pm
Advancing the Practice of Battlefield (Auricular) Acupuncture (212)*
Battlefield acupuncture (BFA), a unique auricular acupuncture technique, was developed to rapidly reduce pain in minutes. More than 500 physicians and other healthcare providers have been successfully taught the principles of BFA nationally and internationally. It has been used with efficacy in private civilian practices, war zones, and military and Veterans Administration hospitals, with patients failing pain medication, or as a substitute for opioid therapy. This session explores the history of Chinese acupuncture, evidence basis of BFA, clinical trials, patient selection and contra-indications, needle techniques, sequencing points, dominant ear considerations, and aftercare patient instructions. In addition, it provides attendees with training and hands-on experience performing BFA techniques on fellow participants.
Moderator
Richard C. Niemtzow, MD PhD MPH
Advancing the Practice of Battlefield (Auricular) Acupuncture
Richard C. Niemtzow, MD PhD MPH
Hands-On Assistants
Chester C. Buckenmaier III, MD COL MC USA
John S. Baxter, MD COL USAFE MC SFS CMA
Eric Serejski, L Ac Dipl AC CH

*This hands-on practicum is limited to 60 preregistered attendees. Preregistration is required to attend this session.
**SATURDAY, MARCH 8**

**8–9:30 am**

**Updates in Chronic Pain Management in the Adolescent Population (301)**

Reviewing the most common pain syndromes in the adolescent population, this session explores the essentials of proper exercise principles, relaxation techniques, and treatment of psychological issues that lead to better recovery by adolescents. In addition to discussing the proper components of interdisciplinary treatment, this session differentiates the appropriate treatment for adolescents (and their families) from treatment in the adult pain population. It also focuses on what should not be missed in the evaluation of these adolescent patients, including different key etiologies that need to be evaluated and eliminated, as they often differ from treatment in the adult population.

**Moderator**

James W. Atchison, DO

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**Initial Evaluation Tools and Epidemiology of Pain in the Adolescent Population**

James W. Atchison, DO

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**What Not to Miss When the Young Patient Presents with Headaches**

R. Norman Harden, MD

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**What Not to Miss When the Young Patient Presents with Postural Orthostatic Tachycardia Syndrome (POTS)**

Gadi A. Revivo, DO

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**What Not to Miss When the Young Patient Presents with Abdominal Pain**

Gadi A. Revivo, DO

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**What Not to Miss When the Young Patient Presents with Low Back Pain**

James W. Atchison, DO

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**Principles of Exercise Management and Specifics of Comprehensive Psychologic Management for Pain in the Adolescent Population**

Gadi A. Revivo, DO

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**8–9:30 am**

**Practice Improvement: Operationalizing Value-Based Pain Medicine Care (302)**

This scientific session explores quantifying treatment outcomes to enable patients, providers, and payors to determine the most effective evidence-based treatment plans to utilize for individual treatment care. It discusses utilization of outcomes tracking software systems within electronic health records, addressing three controversial topics: usage of spine MRI in the treatment of spinal pain, epidural steroid injections in the treatment of spinal stenosis, and outcomes demographics and pain history factors that can be predictive of prescription opioid misuse. In addition, this session discusses the current capabilities of risk stratification for acute perioperative pain, discussing future possibilities in further diagnosing and predicting the transition from acute to chronic pain.

**Moderator**

Ajay D. Wasan, MD MSc

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**Introduction to Value-Based Care for Pain Medicine**

Ajay D. Wasan, MD MSc

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**Predictive Factors for Spinal Injection Success**

Fred N. Davis, MD

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**Predicting Opioid Misuse from Clinical History Factors**

Mark Gostine, MD

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**Implementing Pain Medicine in the Patient-Centered Medical Home**

David J. Tauben, MD

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**10:15–11:45 am**

**The Essentials of Acute Pain Medicine (303)**

This session explores quality improvement and clinical operations opportunities for improving effective acute pain medicine inpatient practices. Focusing on the evolution of acute pain medicine as a comprehensive multidisciplinary model, faculty define the optimal anatomy of these services in the hospital setting. In addition, this session addresses novel individualized measurements in treating acute pain that, when appropriately used, can prevent the progression of acute pain to chronic post-surgical pain.

**Moderator**

Michael L. Kent, MD LCDR MC USN

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**Introduction**

Sean Mackey, MD PhD

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**Significance of Acute Pain Medicine from 30,000 Feet**

Kayser Enneking, MD

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**Acute Pain Medicine: Current State of the Art**

Patrick J. Tighe, MD

Michael L. Kent, MD LCDR MC USN

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**Acute Pain Outcomes**

C. Richard Chapman, PhD

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**10:15–11:45 am**

**The Transition: Acute to Chronic Pain (306)**

This session focuses on identifying the various risk factors of patients about to undergo surgery, along with preventative analgesia techniques that should be utilized as a preventative approach to surgery. It also discusses the current capabilities of risk stratification for acute perioperative pain, discussing future possibilities in further diagnosing and predicting the transition from acute to chronic pain.

**Moderator**

Michael L. Kent, MD LCDR MC USN

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**Risk and Protective Factors Associated with Chronic Postsurgical Pain**

Joel Katz, PhD

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**The Current State of Preventive Analgesia**

Asokumar Buvanendran, MD

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**APM and the Pain Clinic: Bridging the Gap**

Robert W. Hurley, MD PhD
**10:45–11:45 am**

**Mind over Pill: Reducing Opioids and Optimizing Psychology (304)**

Addressing the widespread overprescribing of opioids for chronic pain that has been identified as a major public health concern, prompting legislation for prescribing limits, this session explores methods of assessing and reducing patient risks based on the patient’s psychological status, including specific cognitive and behavioral pain psychology techniques, their mechanisms of action and efficacy data, and how these tools relate to the appropriate use of opioids in the pain management treatment plan. In addition, this session provides free and low-cost pain psychology resources.

**Moderator**

Beth Darnall, PhD

- What May Emerge When the Opioid Blanket Is Removed: Mental Health and Substance Abuse Problems
  Mark Sullivan, MD PhD

- The Psychology of Opioid Tapering in the Inpatient Setting: Outcomes and Multidisciplinary Interfacing
  Ravi Prasad, PhD

- Mind over Pill: Optimizing Pain Psychology in the Community
  Beth Darnall, PhD

**2:30–4 pm**

**National Initiatives in Pain Medicine Education (308)**

Highlighting the role of pain medicine physicians in three diverse yet potentially interconnected pain education initiatives, the National Institutes of Health Pain Consortium Centers of Excellence in Pain Education program (NIH-CoEPE), the Core Competencies for Pain Management: Interprofessional Consensus project (CCPM-IC), and the Veterans Administration and Department of Defense Program for pain management in primary care (VA/DoD-JPEP), this session discusses how these programs, though diverse in vision and goals, are designed to profoundly impact the practice of pain medicine by assuring the following:

- timely interventional care is delivered when needed
- primary care providers manage pain effectively
- when appropriate, patients are referred to pain medicine physicians, increasing patient satisfaction and decreasing suffering.

In addition, this session further explores the NIH Centers of Excellence in Pain Education program by creating and disseminating new teaching modules for pain education.

**Moderator**

Beth B. Murinson, MD PhD

- Introduction and Overview
  Beth B. Murinson, MD PhD

- National Initiatives in Pain Education: The Role of Pain Medicine Physicians in Interprofessional Education
  Scott M. Fishman, MD

- Veterans Administration/Department of Defense Pain Education: Educating in the Clinical Context
  Rollin M. Gallagher, MD MPH

- NIH Centers of Excellence in Pain Education: A New Platform for Educating Health Professions Students
  Antje M. Barreveld, MD
2:30–4 pm

Updates to the Theory and Practice of Acute Pain Medicine (309)

As a capstone of the AAPM Acute Pain Medicine SIG's sessions, this session discusses a survey of pertinent publications across all pain-related journals that have applications to both the theory and practice of acute pain medicine. It explores genomic factors that have correlated to the severity of postoperative pain, as well as epigenetic factors that have been identified as possible risk factors in the development of chronic pain. Addressing both theoretical and practical considerations, this session provides a special emphasis on the use of durable, long-lasting interventions as well as the transition from the acute to chronic pain setting.

Moderator
Patrick J. Tighe, MD

Genomics in Acute and Chronic Pain
Matthew T. Pena, MD LCR MC USN

Rounding Out the Problems with Orthopedic Trauma
Andre P. Boezaart, MD PhD

Inpatient Billing of Services
Edward R. Mariano, MD MAS

4:15–5:45 pm

Headache: The Common, Can't Miss, and Interventionally Amenable (310)

This session discusses the classification and diagnosis of headache syndromes with an emphasis on common headaches (migraine, tension type, and chronic daily headache), as well as an update on evidence-based treatments. It also explores more serious and sinister causes of headache that are often overlooked given common presentations and unremarkable basic head imaging. This session discusses history and exam, specialized head imaging for diagnosis, and appropriate ancillary testing and referral. In addition, the session focuses on interventionaly amenable headaches, exploring the appropriate use of Botox injections and other various interventional and neuromodulatory techniques for the treatment of intractable headaches.

Moderator
James C. Watson, MD

Can't Miss Headache Syndromes
James C. Watson, MD

Interventionally Amenable Headache
Samer Narouze, MD PhD

Common Headache Syndromes
Zahid H. Bajwa, MD

4:15–5:45 pm

Waveforms for Stimulation: The Basic Science (311)

Neurostimulation is a rapidly advancing and changing therapy for the treatment of chronic pain. Data from the Neuromodulation Appropriateness Consensus Committee (NACC) is rapidly becoming available with new treatment modalities and methods of stimulation. It is important clinicians understand the applications, patient selection, and potential risks of such therapies to ensure proper utilization and successful treatment outcomes. Clinical practice remains highly diverse based on clinician experience and perceived patient needs. A review of the data on these new therapies is vital to ensure proper patient selection and therapeutic utilization.

This session will focus on the basic science and electrophysiology of the delivery of electrical current to the spinal cord and neural structures. Specific recommendations will be reviewed, accompanied by new survey data from multiple sources—including the NACC—describing current practice, clinician views of the best practices recommendations, and their willingness to address barriers necessary to implementing change. Discrepancies between current practice and the NACC consensus recommendations will be identified along with practical considerations for practice implementation.

Moderator
Timothy R. Deer, MD

Burst Stimulation for the Treatment of Pain: Parasthesia Free
Timothy R. Deer, MD

Convergent and Divergent Stimulation in the Spinal Cord and the Dorsal Root Ganglion
Nagy A. Mekhail, MD PhD

The Neurostimulation Appropriateness Consensus in the Treatment of Pain and Cardiac Disease
Elliot S. Krames, MD

4:15–5:45 pm

Improving Safety: Practical Issues in Acute Pain Medicine (312)

This case-based education session addresses evidence-based methods utilized in avoiding respiratory depression in patients receiving analgesia in an inpatient setting. It also explores mechanisms and implications of patient injury stemming from the use of regional anesthetic techniques, reviewing procedural safety and systems-level practices geared toward improving safe usage of continuous, perineural blockade in both the inpatient and ambulatory care settings.

Moderator
Patrick J. Tighe, MD

Avoiding Catastrophes I: Safe Analgesia on the Wards
Andreas H. Taenzer, MD

Avoiding Catastrophes II: Intervention Safety
David B. Auyong, MD

Case-Based: Management of Acute Neuropathic Pain and Transition of Care
Michael L. Kent, MD LCDR MC USN
CONCURRENT SESSIONS

SUNDAY, MARCH 9

**8:30–9:30 am**
**Best Practices: Safe Opioid Prescribing (401)**
This workshop educates prescribers about eight evidence-based, practical, and easily managed principles that, if followed, will drastically reduce the number of unintentional overdose deaths from prescription medications. Based upon the reversal of the death rate in Utah that was associated with a physician and public educational program offered by the Utah Department of Health, this session details a thorough risk-assessment screening that all physicians should utilize when prescribing opioids as part of a chronic pain treatment plan.

*Moderator*
Lynn R. Webster, MD

*Risk Assessment When Prescribing Opioids*
Martin D. Cheatle, PhD

*Best Practices: Eight Principles for Safe Opioid Prescribing*
Lynn R. Webster, MD

**8:30–9:30 am**
**Neuropathic Pain: Improving Outcomes Through Classification, Diagnosis, and Evidence-Based Treatment Strategies (402)**
This clinical session reviews the basic science, evidence-based clinical guidelines, and management strategies of common neuropathic pain conditions. It discusses utilization of a comprehensive multimodal strategy in treating neuropathic pain, including nonpharmacological, pharmacological, and interventional therapies that best provide safe, efficacious, and cost-effective treatment. In addition, it provides the scientific basis of formulating individualized, evidence-based treatment plans.

*Moderator*
Jianguo Cheng, MD PhD

*Concepts, Mechanisms, and Classifications of Neuropathic Pain*
Jianguo Cheng, MD PhD

*Assessment and Diagnosis of Neuropathic Pain*
R. Norman Harden, MD

*Practice Guidelines and Management of Common Neuropathic Pain Conditions*
Charles E. Argoff, MD

**8:30–9:30 am**
**Advancing the Ethics of Pain Management (403)**
Moderated by Steven P. Stanos Jr., DO, chair of the AAPM Ethics Committee, this session provides a fast-paced, targeted, take-home message approach to ethical and spiritual issues clinicians encounter in the practice of pain medicine. It explores these topics, giving guidance on providing safe and ethical care to patients in this time of public and political controversy and criticism of many treatment methods.

*Moderator*
Steven P. Stanos Jr., DO

*Smoking and Chronic Pain: Treatment and Ethical Issues*
Gerald M. Aronoff, MD

*Spiritual Issues in Pain Medicine*
Steven H. Richeimer, MD

*Autonomy vs. Paternalism in Opioid Prescription: Ethical and Practical Considerations*
Michael Schatman, PhD

**9:45–10:45 am**
**Optimizing Interprofessional Teamwork (404)**
This innovative program describes the importance of optimizing interprofessional teamwork, which has been recognized by the Institute of Medicine (IOM) and other groups as providing optimal quality and safety in this era of team-based models of healthcare delivery. It focuses on Tufts’ pain program, with faculty from its IP faculty (occupational therapy, group therapy, family practice, and pain medicine) and a pain physician participant who directs a U.S. Army interdisciplinary pain center. It examines how teams function as small groups, identifying best ways to shape cohesive, functional groups. Additionally, it examines group processes operating within a team from the observable individual level (micro level) and hidden, unspoken, group level (macro level), providing skills that the pain clinician can utilize to improve team function through constructive and creative elements.

*Moderator*
Daniel B. Carr, MD

*Pain Medicine Discovers “Teamliness”*
Daniel B. Carr, MD

*Group Process and IP Function: Participant Viewpoint*
Jeffrey M. Tiede, MD MAJ MC USA

*Group Process: Nature and Relevance to the IP Team*
Sharan L. Schwartzberg, EdD OTR FAOTA CGP FAGPA

*A Novel Mixed Format (Onsite/Online) Course to Develop Interprofessional Group Process Expertise: Lessons Learned*
Ylisabyth (Libby) S. Bradshaw, DO MS

**9:45–10:45 am**
**Improving Safety and Outcomes: Intrathecal Drug Delivery (405)**
With more than 285,000 implantations during the past 20 years, this session discusses the science of implanting intrathecal drug delivery devices, the findings and recommendations of the 2012 Polyanalgesic Consensus Conference panel’s international survey, data that has become available subsequent to the publications of the 2012 Polyanalgesic conference recommendations, and the real-time implications on clinical practice.

Additionally, this session reviews current practice, clinician views of best practice recommendations, and clinician willingness to address barriers common to implementing changes that improve patient outcomes. The session identifies discrepancies between current practice and the 2012 Polyanalgesia consensus recommendations, along with practical considerations for practice implementation.

The 2012 Polyanalgesic Consensus Conference included a group of well-published and experienced practitioners whose purpose was to update the standard of care for intrathecal therapies to reflect current knowledge gleaned from literature and clinical experience. Analysis of the published literature, together with the clinical experience of panel participants, inspired the 2012 Polyanalgesic conference recommendations.

*Moderator*
David L. Caraway, MD PhD

*Improving Safety in Intrathecal Drug Delivery*
Timothy R. Deer, MD

*Which Intrathecal Drug Do I Choose?*
David Caraway, MD PhD

*The Future of Intrathecal Drug Delivery*
Peter S. Staats, MD

VISIT AAPM’S WEBSITE AT WWW.PAINMED.ORG/ANNUALMEETING TO REGISTER TODAY. | 15
9:45–10:45 am
Contemporary Concepts in Cancer Pain Management (406)
This session provides background on how recent cancer treatment advances have resulted in a dramatic increase in the number of cancer survivors, with many of these patients experiencing a broad range of chronic pain syndromes and suffering from both somatic and neuropathic pain. It discusses the most common cancer chronic pain syndromes and mechanism-based novel treatments, including interventional pain management approaches. In addition, it addresses the growing problem of misuse of opioid analgesics in cancer survivors, along with the importance of recognizing key ethical concepts of palliative care in the cancer population.

Moderator
Vitaly Gordin, MD
Mechanism-Based Strategies to Cancer Pain Management
Vitaly Gordin, MD
Interventional Approaches to Cancer Pain
Allen W. Burton, MD
Ethical Issues in Cancer Pain Management
Larry C. Driver, MD

11 am–Noon
The Aging Population and Chronic Pain: Interprofessional Perspectives, Guidelines, and Patient-Centered Goals (408)
Because pain practitioners need to employ unique knowledge, attitudes, and skills to afford optimal treatment outcomes in their older adult chronic pain patients, this session explores the biopsychosocial factors that distinguish these older adults from their younger counterparts, including factors that contribute to the heterogeneity of these older patients as well as key implications of the history and physical examination crucial to determining appropriate treatment. It addresses key aspects of analgesic prescribing in this population, including changes in pharmacokinetics and pharmacodynamics associated with normal aging, a stepped-care approach to pharmacologic management of chronic pain, and important potential drug-drug and drug-disease interactions experienced by older adults with chronic pain. In addition, this session discusses measuring treatment in aging patients, along with goal attainment scaling, and applying patient-centered goals that can be integrated across disciplines, as well as determining key members of the interdisciplinary treatment team.

Moderator
Debra K. Weiner, MD
Defining Older Adults with Chronic Pain: What’s in an Age?
Debra K. Weiner, MD
Analgesics and Aging: Pitfalls and Promises
Zachary A. Marcum, PharmD MS
“So What?”—Meaningful Outcomes Through Meaningful Goals
Pamela E. Toto, PhD OTR/L BCG FAOTA

11 am–Noon
Square Pegs in Round Holes? Do Clinical Treatment Guidelines Fit Our Patients’ Treatment Needs? (409)
To provide pain physicians with a strong foundation in understanding the methodologies used in the development of clinical guidelines, this session describes and reviews these guidelines for three common clinical treatment protocols: migraine treatment, neuropathic pain treatment, and the use of interventional pain management strategies. It presents logical and methodical approaches to addressing the limits of current treatment guidelines in managing patients’ clinical needs, and recommends how the clinician can improve patient outcomes. In addition, the session provides recommendations for improving the clinical relevance of future pain medicine guideline development.

Moderator
Charles E. Argoff, MD
Do Published Migraine Guidelines Improve Patient Outcomes?
Charles E. Argoff, MD
Do Interventional PM Guidelines Improve Patient Outcomes?
Mark S. Wallace, MD
How Do Neuropathic Pain Treatment Guidelines Aid Clinicians?
Brett Stacey, MD
PROGRAM COMMITTEE

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Ajay D. Wasan, MD MSC
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<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Position</th>
<th>Financial Relationships</th>
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<tr>
<td>Charles E. Argoff, MD</td>
<td>Director, Comprehensive Pain Center</td>
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<tr>
<td>James W. Atchison, DO</td>
<td>Medical Director, Center for Pain Management Rehabilitation Institute of Chicago</td>
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<tr>
<td>Ylisabeth (Libby) S. Bradshaw, DO MS</td>
<td>Academic Director, Master of Science/Certificate Program</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Chester &quot;Trip&quot; Buckenmaier III, MD COL MC USA</td>
<td>Program Director, Defense and Veterans Center for Integrative Pain Management</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Allen W. Burton, MD</td>
<td>Partner, Houston Pain Associates</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Asokumar Buvanendran, MD</td>
<td>Rush University Medical Center</td>
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<td>David L. Caraway, MD PhD</td>
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<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Gerald M. Aronoff, MD</td>
<td>Medical Director, Carolina Pain Associates</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>James W. Atchison, DO</td>
<td>Medical Director, Center for Pain Management Rehabilitation Institute of Chicago</td>
<td>No relevant financial relationships</td>
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<tr>
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<tr>
<td>Andre P. Boezaart, MD PhD</td>
<td>Director, Acute Pain Management and Regional Anesthesiology Fellowship Program</td>
<td>No relevant financial relationships</td>
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</tr>
</tbody>
</table>
Elliott S. Krames, MD  
Medical Consultant  
Pacific Pain Treatment Center  
Spinal Modulation, Inc. (stock options, income–consultant); Neura, Inc. (stock options, income–consultant)

Yu (Woody) Lin, MD PhD  
NIH Program Director  
National Institutes on Drug Abuse  
No relevant financial relationships

Seán Mackey, MD PhD  
Redlich Professor in Pain Medicine; Chief, Pain Medicine Division  
Director, Stanford Systems Neuroscience and Pain  
Stanford University  
No relevant financial relationships

Lee S. Mann, PhD JD  
Scientific Review Officer  
Center for Scientific Review  
National Institutes of Health  
No relevant financial relationships

Zachary A. Marcum, PharmD MS  
Assistant Professor  
University of Pittsburgh  
No relevant financial relationships

Anthony J. Mariano, PhD  
Clinical Psychologist  
VA Puget Sound Health Care System  
No relevant financial relationships

Edward R. Mariano, MD MAS  
Associate Professor, Anesthesiology and Perioperative and Pain Medicine  
Stanford University School of Medicine  
i-Flow/Kimberly-Clark (unrestricted educational program funding to my institution–development of regional anesthesia educational workshops)

Laura L. McGhee, PhD  
Defense and Veterans Center for Integrative Pain Management  
No relevant financial relationships

Nagy A. Mekhail, MD PhD  
Carl E. Wasmuth M.D. Endowed Chair  
Cleveland Clinic Foundation  
No relevant financial relationships

Beth B. Murinson, MD PhD  
Associate Professor of Neurology  
Johns Hopkins Hospital  
No relevant financial relationships

Susan M. Moeschler, MD  
Senior Associate Consultant  
Department of Anesthesiology  
Mayo Clinic  
No relevant financial relationships

Jennifer L. Murphy, PhD  
Clinical Director, Chronic Pain Rehabilitation Program  
James A. Haley Veteran’s Hospital  
No relevant financial relationships

Vitaly Napadow, PhD  
Assistant Professor of Radiology  
Martinos Center for Biomedical Imaging  
No relevant financial relationships

Samer Narouze, MD PhD  
Chairman of Center for Pain Medicine  
Summa Western Reserve Hospital  
No relevant financial relationships

Richard C. Niemtzow, MD PhD MPH  
CAM Consultant USAF Surgeon General/Director  
USAF Acupuncture Center  
Malcolm Grow Medical Clinic, Joint Base Andrews Maryland  
No relevant financial relationships

Matthew T. Pena, MD LCR MC USN  
Naval Hospital Pensacola  
No relevant financial relationships

Matthew J. Pingree, MD  
Departments of Pain Medicine, Anesthesiology, and Physical Medicine and Rehabilitation  
Mayo Clinic  
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No relevant financial relationships

Ravi Prasad, PhD  
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No relevant financial relationships

Gadi A. Revivo, DO  
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No relevant financial relationships

Steven H. Richeimer, MD  
Chief, Division of Pain Medicine  
University of Southern California  
No relevant financial relationships

Joel Saper, MD  
Michigan Head Pain Neuro Institute  
Alder, Allergan, Amgen, Astellas, AstraZeneca, ElectroCare, Glaxo, Innovative Medical Concepts, Neuronax, Optinose, Osmatika, Pfizer, SK Life Sciences, Tan Medical, Vanda (research grant–research); Allergan, Johnson & Johnson (Ethics); Migraine Research Foundation, NuPathie (honorarium–consultant)

Michael Schatman, PhD  
Executive Director  
Foundation for Ethics in Pain Care  
No relevant financial relationships

Sharan L. Schwartzberg, EdD OTR FAOTA CGP FAGPA  
Professor  
Tufts University  
No relevant financial relationships

Eric Serejski, LAc Dipl AC CH  
Acupuncturist  
The National Certification Commission for Acupuncture and Oriental Medicine  
No relevant financial relationships

Sanford M. Silverman, MD  
CEO and Medical Director  
Comprehensive Pain Medicine  
No relevant financial relationships

Shannon M. Smith, PhD  
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No relevant financial relationships

Peter S. Staats, MD  
Metzger Staats Pain Management LLC  
Electrocore Medical (ownership–board of directors); Neurogex (money and option–patent); Medtronic/St. Jude (consulting fee–consultant); Boston Scientific/Spinal Modulation/Bioness (research support–research)

Brett Stacey, MD  
Comprehensive Pain Center  
Oregon Health & Science University  
Xenport (honorarium–consultant); Boston Scientific (grant–consultant, research); Pfizer (honorarium, grant–consultant, research)

Steven P. Stanos, Jr., DO  
Director, Corporate Pain Services Rehabilitation Institute of Chicago  
Endo Pharmaceuticals (honorarium–consultant); MyMatrix (honorarium–consultant); Ortho McNeil/Janssen (honorarium–consultant); Pfizer (honorarium–consultant)

Mark Sullivan, MD PhD  
Professor  
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No relevant financial relationships

Andreas H. Taenzer, MD  
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Dartmouth Hospital Medical Center  
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David J. Tauben, MD  
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No relevant financial relationships

Heather Tick, MD  
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No relevant financial relationships

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Chief, Interdisciplinary Pain Management Center  
Dwight D. Eisenhower Army Medical Center  
No relevant financial relationships

Patrick J. Tighe, MD MS  
Assistant Professor  
University of Florida  
No relevant financial relationships

Pamela E. Toto, PhD OTR/L BCG FAOTA  
Assistant Professor of Occupational Therapy  
University of Pittsburgh  
No relevant financial relationships

Sridhar V. Vasudevan, MD  
President  
Wisconsin Rehab Medicine Professionals S.C.  
No relevant financial relationships

Mark S. Wallace, MD  
Chief of Clinical Anesthesiology  
University of California–San Diego  
Boston Scientific (honorarium–consultant); Jazz Pharmaceutical (honorarium–speaker)

Ajay D. Wasan, MD MSc  
Vice Chair of Pain Medicine, Department of Anesthesiology  
University of Pittsburg Medical Center  
No relevant financial relationships

James C. Watson, MD  
Consultant, Department of Neurology  
Divisions of Clinical Neurophysiology and Pain Medicine  
Mayo Clinic  
No relevant financial relationships

Lynn R. Webster, MD  
Medical Director  
CRILiFREETM  
BioDelivery Sciences International, Neuro Corporation, Theravance (honorarium/expenses–consultant); CVS Caremark, Jazz Pharmaceuticals, Neura Therapeutics, Quintiles, Shionogi (honorarium–consultant); AcelRx Pharmaceuticals, Boehringer Ingelheim, Collegium Pharmaceuticals, Medtronic, Nektar Therapeutics (honorarium/expenses–advisory board); AstraZeneca, Mallinckrodt (honorarium/expenses–consultant/advisory board); Orexo (expenses–investigator)

Debra K. Weiner, MD  
Program Director, Geriatric Medicine Fellowship  
University of Pittsburgh  
Staff Physician, VA Pittsburgh Geriatric Research, Education & Clinical Center  
No relevant financial relationships

Steven J. Wisniewski, MD  
Assistant Professor  
Physical Medicine and Rehabilitation  
Mayo Clinic  
No relevant financial relationships
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 Annual Meeting.

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

• alternative delivery systems
• business management services
• clinical research
• clinical trial management
• education
• electronic health records
• laboratory equipment and instruments
• laboratory testing
• medical devices
• medical dispensing
• medical publications
• medical supplies and equipment
• pain management
• pharmaceuticals
• recruitment
• specialty infusion

SCIENTIFIC POSTERS
More than 130 posters will be on display. Posters will be categorized by the following topics:

• procedures
• psychosocial/rehabilitation
• epidemiology/health policy/education
• pharmacological
• translational

EXHIBIT AND POSTER SCHEDULE

<table>
<thead>
<tr>
<th>Thursday, March 6</th>
<th>5:15–6:45 pm</th>
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<tr>
<td>Opening Reception with Exhibits and Posters (Group 1)</td>
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<tr>
<th>Friday, March 7</th>
<th>9–10:30 am, 2:30–7:30 pm</th>
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<tr>
<td>Exhibits Open</td>
<td>Break with Exhibits and Posters (Group 1)</td>
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<tr>
<td>Break with Exhibits</td>
<td>Reception with Exhibits and Posters (Group 2)</td>
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<tr>
<td>2:45–3:45 pm, 4:45–5 pm</td>
<td>6–7:30 pm</td>
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<tr>
<th>Saturday, March 8</th>
<th>9–10:30 am, 2:30–7:30 pm</th>
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<tbody>
<tr>
<td>Exhibits Open</td>
<td>Break with Exhibits and Posters (Group 2)</td>
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<tr>
<td>9:30–10:45 am</td>
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CORPORATE SHOWCASES
Attend corporate showcase sessions, which feature products, services, or programs from the pain medicine industry. All attendees are invited to the 30–60 minute sessions that are held in the AAPM Resource Center.

SATELLITE SYMPOSIA
Satellite symposia will be held in conjunction with the Annual Meeting. A complete list of symposia will be available at www.painmed.org/annualmeeting.

NETWORKING
Join us in the AAPM Resource Center to network with your colleagues.

RECEPTION AND BREAKS
Two opening receptions and breaks throughout the day will be hosted in the AAPM Resource Center.

EXHIBITORS (AS OF 11/15/13)

1st Providers Choice - Pain Management Software
Aegis Sciences Corporation
American Chronic Pain Association
ARUP Laboratories
AstraZeneca
Bauerfeind USA
Boston Scientific
Cosman Medical
Depomed, Inc.
DeRoyal Industries
Dominion Diagnostics
Dr. Fuji/ACIGI
eLab Solutions
Elsevier
Gideons International, The
Infinite Therapeutics
Insys Therapeutics, Inc.
Kimberly Clark
Mallinckrodt Pharmaceuticals
Medtronic, Inc.
Millennium Laboratories
NeuroTherm, Inc.
Pain Medicine News
Physicians Business Network
Pinnacle Laboratory Services
SI Bone Inc.
Swarm Interactive, Inc.
Teva CNS
THANK YOU FOR YOUR INTEREST IN JOINING THE AMERICAN ACADEMY OF PAIN MEDICINE.

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

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

Affiliate Members are nonphysician healthcare professionals (registered nurses, nurse practitioners, physician assistants, physical therapists, psychologists, or pharmacists) who are involved in direct patient care on pain teams. They must be sponsored by an active physician member of AAPM. (If you do not know a current AAPM member, please contact Karen Kathan at kkathan@painmed.org or 847.375.4887). Documents required: completed application form, dues payment, and verification of sponsorship by an active AAPM member. Healthcare license will be verified online. Please provide the appropriate information on the application. Send verification of sponsorship to kkathan@painmed.org or fax to 847.375.6429 (attn: Karen Kathan).

Students, Residents, and Trainees must provide a letter from their current department head or program director, verifying enrollment and good standing (see specific member requirements on page 22). Please indicate medical license information below if applicable.

Membership Categories

- Active physician membership ($390)
- Student membership ($50) graduation date:
- Resident ($50) graduation date:
- Affiliate membership ($190)
- Nurse in fellowship program ($50)

Please indicate your affiliate membership category:

- Nurse
- Physical therapist
- Physician assistant
- Psychologist
- Pharmacist with direct patient care

Name ___________________ Professional Degree ___________________
Mailing address (office) ________________________________________ City ___________________ State ________ Zip Code ____________
Mailing address (home) ________________________________________ City ___________________ State ________ Zip Code ____________
Phone (office) ___________________ Fax ( ) home ( ) office
Phone (home) ___________________ Cell phone: ___________________ E-mail (home) _______________________ E-mail (office) __________________________
Date of Birth ___________________ What is your specialty of origin?
Are you board certified? [ ] yes [ ] no Name of board
Required: Professional licensure: Type ___________________ State ____________ Date ____________ License Number
Is your license restricted? [ ] yes [ ] no If yes, please explain
What method would you prefer to renew your membership dues? [ ] phone [ ] electronically [ ] mail
Would you like a copy of your invoice sent to your office manager/assistant? [ ] yes [ ] no
Office Manager/Assistant Name ___________________ E-mail address: ___________________
Are you a member of the American Medical Association? [ ] yes [ ] no
Are you a member of another professional medical association? [ ] yes [ ] no If yes, which one(s): ___________________

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

Practice Focus/Special Interest (Check all that apply)

- Regional anesthesia, nerve blocks
- Implantable technology
- Surgical Interventions
- Medical pain management
- Manual medicine
- Rehabilitation
- Acupuncture
- Pain and addictive disorders
- Psychological treatment
- Other (specify) ___________________

Current Practice Setting (Check all that apply)

- Hospital based
- Private practice (solo)
- Group practice
- Department of VA Medical Center
- Private practice (group)
- Outpatient
- Military
- Academic/University/Teaching hospital
- Other (specify) ___________________

Age Focus of Clinical Practice (Check all that apply)

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

Payment

[ ] Check (made payable to AAPM)
[ ] MasterCard
[ ] Visa
[ ] Discover
[ ] American Express

Account number ________________ Expiration Date ________________ Signature __________________________ Date __________________________

American Academy of Pain Medicine
8735 W. Higgins Road, Suite 300  |  Chicago, IL 60631-2738  |  847.375.4731  |   fax 847.375.6477  |  info@painmed.org  |  www.painmed.org

Do you have a question about membership? Contact AAPM Membership Marketing Manager at kkathan@painmed.org.
REGISTRATION
AAPM members rate the Annual Meeting as one of the most important benefits of their AAPM membership. Active physician members are eligible to attend the meeting at special member rates. If you currently are not a member and qualify for one of the membership categories below, the Academy also offers special join and register rates.

AAPM Active Physician Members
To take advantage of the member registration rate, members must be in good standing when registering for the meeting. Active members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada. These physicians spend a significant portion of their professional activities within the field of pain medicine or related disciplines.

Affiliate Members (Nonphysician Healthcare Professionals)
This membership category is available to nurses, nurse practitioners, physician assistants, physical therapists, psychologists, and pharmacists who are involved in direct patient care on pain teams. A letter of recommendation from an active physician member of AAPM is required. Affiliate members must be registered and/or licensed and/or eligible to be registered or licensed by an U.S. regulatory agency in their healthcare field.

Students, Residents, and Trainees
To take advantage of this registration rate, written documentation of current status (e.g., letter from program director/coordinator) must be provided at the time of registration. Resident and trainee members must be enrolled and in good standing in a residency or fellowship program approved by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association at an institution within the United States. Student members must be enrolled and in good standing in a curriculum approved by the Association of American Medical Colleges or the American Osteopathic Association leading to the MD or DO degree. There is no membership fee for students and residents and no first-year fee for trainee members. Resident, trainee, and student members may serve as voting members of committees, but may not vote or serve as officers of the Academy.

Join and Register (save up to $275)
Physicians planning to register for the AAPM Annual Meeting who currently are not AAPM members can join the Academy for an additional $75 and receive a full year of membership benefits. AAPM membership is open to physicians (MD or DO) who meet the criteria for an AAPM active physician described above. Clinicians qualifying for affiliate membership as described above are also eligible for join and register rates, which provide significant savings from the nonmember registration rates. Membership information will be sent approximately 3 weeks after processing the registration.

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

PHOENIX, AZ
Things are different in the desert. The sky is bigger. The stars are brighter. The sunsets stop you in your tracks.

It’s a feeling that can’t be conjured, landscaped, or kindled with twinkling bulbs. John Ford knew that. So did Frank Lloyd Wright. Come to Greater Phoenix and you’ll understand, too.

America’s sixth-largest city still has real cowboys and rugged mountains and the kind of cactus most people see only in cartoons. Phoenix is the gateway to the Grand Canyon, and its history is a testament to the spirit of pueblos, ranchers, miners, and visionaries.

Projected against this rich backdrop is a panorama of urban sophistication: Resorts and spas that drop jaws and soothe souls, stadiums and arenas worthy of the world’s biggest sports spectacles, restaurants with inspired cuisine and inspiring patio views, golf courses that beckon players year round, and shopping centers as stylish and eclectic as the fashions they house.

This is Greater Phoenix—Arizona’s urban heart and America’s sunniest metropolis.

TRAVEL
Phoenix Sky Harbor International Airport is located approximately 6 miles from the Phoenix Convention Center and the AAPM host hotel.

For more information about the Phoenix Sky Harbor International Airport, please visit http://skyharbor.com.

Airline Information
UNITED is offering special meeting discounts for attendees for this meeting.

You may book online at www.united.com and enter offer code ZR8A883560 in the offer code box when searching for your flights. If booking through a travel professional or United Meetings at 800.426.1122, please give them the following information:

Agreement Code: 883560
Z Code: ZR8A
Outside of the United States, please call your local United Airlines reservation office.

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

HOTEL
The Sheraton Phoenix Downtown Hotel has been chosen as the headquarters hotel for the Annual Meeting. The special AAPM rate is $219 single/double, plus taxes.

Sheraton Phoenix Downtown Hotel
340 N. 3rd Street, Phoenix, AZ
Rate: $219 (single/double)*
Cutoff: January 27, 2014

For reservations, call 866.837.4213 or go online to www.painmed.org/AnnualMeeting.

*This special rate will apply until the cut-off date, or when the room block is filled. At that point, other rates may apply. A 1-night room tax and nonrefundable deposit per room is required at the time of reservation.
AAPM 30TH ANNUAL MEETING REGISTRATION FORM

March 6–9, 2014 • Phoenix, AZ

(ESSENTIAL TOOLS FOR TREATING THE PATIENT IN PAIN™ begins on March 5, 2014, and preconference seminars begin on March 6, 2014.)

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

Full name ____________________________________________ First name (badge) __________ Credentials __________ Facility __________ Facility City/State ______________________

Preferred address [ ] home [ ] office ____________________________________________ City/State/ZIP ____________________________________________

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

Home phone ____________________________ Office phone ____________________________ Fax ____________________________

E-mail (required) __________________________________________________________________________________________

Guest name(s) _________________________________ Number of Guest Badges ______________________ x $180 (GST)

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

A 1-Day Annual Meeting Registration (for registrants attending 1 day of the meeting ONLY)

B Subtotal Box A $ ____________

C Subtotal Box B $ ____________

D Subtotal Box C $ ____________

E Subtotal Box D $ ____________

F Subtotal Box E $ ____________

G Special Requests

H Specialty

I GRAND TOTAL $ ____________

4 Easy Ways to Register

- Online www.painmed.org (Credit card payment only)
- Phone 847.375.4731 (Credit card payment only)
- Fax 847.375.6477 (Credit card payment only)
- Mail AAPM Annual Meeting PO Box 31758, Chicago, IL 60631

Payment [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover [ ] Check (enclosed)

- Make check payable to AAPM.
- A charge of $75 will apply to checks returned for insufficient funds.
- If rebilling of a credit card charge is necessary, a $75 processing fee will be charged.
- AAPM will charge the above listed credit card amounts reasonably deemed by AAPM to be accurate and appropriate.

Account number ____________________________ Expiration date ____________________________

Cardholder’s name (Please print) ____________________________ Signature ____________________________

If payment does not accompany this form, your registration will not be processed. Full payment must be postmarked on or before January 13, 2014, to qualify for early-bird rates.

Cancellation Policy: All cancellations must be submitted in writing. A $100 processing fee will be applied to all cancellations. No refunds will be made on cancellations postmarked after February 7, 2014. All refunds will be processed after the Annual Meeting. A $25 fee will be applied to onsite registration.

Credit card payment only

- American Express
- Discover
- Check (enclosed)

- Visa
- MasterCard

- Make check payable to AAPM.
- A charge of $75 will apply to checks returned for insufficient funds.
- If rebilling of a credit card charge is necessary, a $75 processing fee will be charged.
- AAPM will charge the above listed credit card amounts reasonably deemed by AAPM to be accurate and appropriate.
Cutting-Edge Workshops on

• Evidence-based pain medicine
• Interventional pain
• Bringing military pain home
• Acute pain
• Team-based pain care: public health
• Newsmaker topics
• Hottest topics in pain today.

REGISTER NOW AT WWW.PAINMED.ORG/ANNUALMEETING