31st ANNUAL MEETING
PAIN MEDICINE DC

The emerging science and practice of pain medicine

PRECONFERENCE SESSIONS
BEGIN MARCH 18

MEETING DATES
MARCH 19–22, 2015

EXHIBIT DATES
MARCH 19–21, 2015

GAYLORD NATIONAL RESORT & CONVENTION CENTER • NATIONAL HARBOR, MD

FINAL PROGRAM
OPIOID-INDUCED CONSTIPATION
PROACTIVE DIAGNOSIS AND
TARGETED MANAGEMENT

SATURDAY
MARCH 21
2015

6:15 AM – 6:45 AM
6:45 AM – 7:45 AM

Potomac Ballroom C

Breakfast will be provided by AAPM

FACULTY
Anthony J. Lembo, MD
Brooks Cash, MD
Jeffrey A. Gudin, MD

TARGET AUDIENCE
The educational design of this activity addresses the needs of pain specialists and other healthcare providers involved in the treatment of patients with opioid-induced constipation.

EDUCATIONAL OBJECTIVES
After completing this activity, the participant should be better able to:
1. Evaluate baseline bowel habits, risk factors for OIC development, and ongoing changes in bowel function in patients on long-term opioid therapy
2. Implement a prophylactic treatment plan to address OIC concurrent with the initiation of opioid therapy
3. Analyze current pharmacotherapies for OIC based on mechanisms of action and data on efficacy and safety
4. Tailor treatment regimens for patients experiencing OIC according to symptom severity, past treatment responses, and patient preferences
5. Collaborate with primary care and other providers to ensure that opioid-treated patients are routinely assessed for changes in bowel habits

REGISTER TODAY!
www.exchangeCME.com/oicaapm

PHYSICIAN ACCREDITATION STATEMENT
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Global Education Group (Global) and Integratas Communications. Global is accredited by the ACCME to provide continuing medical education for physicians.

This CME activity complies with all requirements of the federal Physician Payment Sunshine Act. If a registrant is associated with this activity, the registrant will provide the appropriate physician data to the Open Payments database.

PHYSICIAN CREDIT DESIGNATION
Global Education Group designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DISCLOSURE OF CONFLICTS OF INTEREST
Global Education Group (Global) requires instructors, planners, managers, and other individuals and their spouses/life partners who are in a position to control the content of this activity to disclose any real or apparent conflict of interest. This policy was followed in this activity.

AMERICANS WITH DISABILITIES ACT
Every effort will be made to accommodate any special needs (ie, physical, dietary, etc.). Please contact Sean O’Toole prior to the live event at sotoole@integratas.com. For information about the accreditation of this program, please contact Global at 333-393-1782 or inquire@globaleducationgroup.com.
Medtronic pioneered pain neurostimulation therapy more than 30 years ago and continues to advance the technology.

Better Pain Relief

88.7% of patients reported better pain relief with Medtronic’s exclusive AdaptiveStim technology vs. conventional stimulation.1,2

Unmatched MRI Access

Only Medtronic SureScan technology allows safe access to MRI scans on any part of the body.

Personalized Pain Management

Only Medtronic’s AdaptiveStim technology offers patients customized therapy settings that automatically respond to their changing positions during daily activities.

Visit professional.medtronic.com and move beyond, today.

---


An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine’s 31st Annual Meeting and pre-meeting activities

**When Seconds Count**
**Will Your Patients Be Ready?**

Starting the Conversation
About Opioid Overdose

Prescription opioid deaths have reached epidemic levels in the past decade, a large proportion of which are unintentional overdoses among patients prescribed opioids for chronic pain. Please join us for a symposium where we will describe the prevalence of opioid overdose in the United States and help providers to identify the spectrum of at-risk patients. Guidance will be provided on how to prescribe naloxone in clinical practice to help prevent opioid overdose morbidity and mortality by reversing life-threatening opioid-induced respiratory depression (OIRD). Learn how to communicate with at-risk patients about OIRD in a positive, safety-focused manner which may help reduce patients’ perception of stigma and foster trust.

**Thursday, March 19, 2015**

12 NOON to 1 PM

Potomac Ballroom C
Gaylord National Hotel & Convention Center
National Harbor, Maryland

AAPM will provide lunch for all attendees starting at 11:30 AM

Supported by an educational grant from kaleo, Inc.
VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
Medtronic Targeted Drug Delivery is an alternate route of delivery for pain medication that offers a proven choice for your patients and your practice.

- Effective pain relief\(^1\)\(^-\)\(^2\) and improved quality of life\(^4\)
- Reduction or elimination of oral pain medication use\(^4\)\(^-\)\(^6\)
- Positive coverage and reimbursement

Visit professional.medtronic.com and move beyond, today.

Targeted Drug Delivery risks may include infection, spinal fluid leak, paralysis, pump inversion, skin erosion, drug side effects (including under- or overdose), loss of therapy effect, and therapy that does not meet patient expectations.

References

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 ziconotide 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 fentanyl (FUDUR) or mezeprimate for the treatment of primary or metastatic cancer. Outside of US: Chronic intrathecal infusion of drugs or fluids tested as compatible and listed in the product labeling. Contraindications: Infection; implant depth greater than 2.5 cm below skin’s insufficient body size; spinal anomalies; drugs with preservatives, drug contraindications, drug formulations with pH ≤3; use of catheter access port (CAP) kit for refills or of refill kit for catheter access, blood sampling through CAP in vascular applications, use of Personal Therapy Manager to administer opioid to opioid naive patients or to administer ziconotide. Warnings: Non-indicated formulations may contain neurotoxic preservatives, antimicrobials, or antioxidants, 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 labeling for 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 prescribing 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. Clinicians should monitor patients on intraspinal 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 pulmonary 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 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 overdose or overdose. Avoid using short-wave (RF) diathermy within 0 cm of the pump or catheter. Effects of other types of diathermy (microwave, ultrasound, etc.) on the pump are unknown. Drug infusion is suspended during MRI for patients who can 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 sources 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 (intraspinal) 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 catheter, pump or other system component, pump inversion, technical/programming errors, or improper use, including use of non-indicated formulations and/or using drugs or systems in accordance with labeling, pocket syndrome, hematoma, erosions, infection, post lumbar puncture (spinal headache), CSF leak and cerebrospinal fluid pressure-related problems, hypotonia, radiculopathy, arachnoids, spinal cord bleeding/damage, meningitis, neurological impairment (including paralysis) due to inflammatory mass, potential serious adverse effects from catheter fragments in intrathecal space, including potential to compromise antibiotic effectiveness for CSF infection, anesthesia complications; body reaction 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. USA Rx Only. Rev 0913.
A MESSAGE FROM AAPM’S PRESIDENT

It gives me great pleasure to welcome you to AAPM’s 31st Annual Meeting in National Harbor, MD. There are several major initiatives that we have undertaken. One includes our efforts with the development of the National Pain Strategy, whose overall objective is to develop a comprehensive population-level health strategy for pain prevention, treatment, management, and research. With the anticipated rollout of the National Pain Strategy, it is even more salient that our meeting will be held near our nation’s capital. In addition, AAPM is leading the collaborative efforts of nine primary care organizations to focus on pain education. AAPM is expanding its coverage and leadership of pain medicine through the recognition that pain exists on a continuum from acute to chronic. We are engaging our members through the range of training and practice. In particular, we are bringing more trainees into the Academy because they represent the future of pain medicine. Finally, AAPM recognizes that pain is a “team sport.” Our recent changes to the bylaws have promoted a stronger involvement by nonphysician members who play a critical role in the team-based approach to caring for the person in pain. These initiatives set the stage as a forum for the proactive exchange of knowledge that can be found at our annual meeting this year.

The practice of pain medicine is changing, and as AAPM prepares for those changes, we are uniquely positioned to provide you with the education and resources that put you at the forefront of pain medicine. The programming offered at this annual meeting will provide you with a unique view of advances in science that cover the entire spectrum of pain assessment, management, prevention, and research.

This meeting promises to be an invigorating, educational, and innovative program. It will provide you with a breadth of information, outstanding educational sessions, expert faculty, and an unparalleled opportunity to network with colleagues. You will have access to the latest science in pain research and explore the legislative, regulatory, and pain management issues that affect your practice. AAPM’s 31st Annual Meeting is the most important pain medicine meeting of the year.

Thank you for joining us in National Harbor. I can think of no better venue for us to get together, enjoy ourselves, and celebrate our pain medicine profession.

Sean Mackey, MD PhD
AAPM President
Read & Submit

*Pain Medicine* is a multi-disciplinary journal dedicated to pain clinicians, educators and researchers with an interest in pain from various medical specialties.

How to Get Published in Peer-Reviewed Journals

Join our Editor, Dr. Rollin Gallagher, Senior Associate Editor, Dr. R. Norman Harden, and members of the *Pain Medicine* Editorial Board for one of the two following sessions, presenting tips and advice on how to get your research published!

**Thursday, March 19**
5:15-5:45 pm

**Friday, March 20**
5:00-5:45 pm

AAPM Resource Center,
Corporate Showcase (aisle 400)

Chesapeake 1&2

ACCESS NOW

Top 2014 articles published in *Pain Medicine*
free for limited time


Take *Pain Medicine* on the Go.
Download the journal app today:
SUPPORTERS

ANNUAL MEETING CORPORATE SUPPORTERS

PLATINUM LEVEL

![Platinum Level Logos]

GOLD LEVEL

![Gold Level Logo]

SILVER LEVEL

![Silver Level Logo]

BRONZE LEVEL

WILEY

Listing as of February 13, 2015
2014–2015 LEADERSHIP

2014–2015 BOARD OF DIRECTORS

President
Sean Mackey, MD PhD

President-Elect
Bill H. McCarberg, MD

Treasurer
Steven P. Stanos Jr., DO

Secretary
Zahid H. Bajwa, MD

Vice President for Scientific Affairs
Daniel B. Carr, MD MA

Immediate Past-President
Lynn R. Webster, MD

Director-at-Large
Miroslav Backonja, MD

Director-at-Large
Chester “Trip” Buckenmaier III, MD

Director-at-Large
Jianguo Cheng, MD PhD

Director-at-Large
Timothy R. Deer, MD DABPM

Director-at-Large
Leonardo Kapural, MD PhD

Director-at-Large
Tim J. Lamer, MD

Director-at-Large
Beth B. Murinson, MD PhD

ABPM Liaison Director
Robin J. Hamill-Ruth, MD

Representative of Past Presidents
Richard L. Stieg, MD

Editor
Pain Medicine
Rollin M. Gallagher, MD MPH

Executive Director
Philip A. Saigh Jr.

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 Haddock, 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
2012 Martin Grabois, MD
2013 Lynn R. Webster, MD
ANNUAL MEETING CO-CHAIRS
Chester “Trip” Buckenmaier III, MD
Professor, Anesthesiology
Uniformed Services University of the Health Sciences
Rockville, MD
No relevant financial relationships

Daniel B. Carr, MD MA
Professor, Public Health and Community Medicine
Program Director, Pain, Research Education & Policy
Tufts University School of Medicine
Boston, MA
Promius Pharma (consulting fee–advisory board); Sea Run Holdings (consulting fee–consulting)

2015 ESSENTIAL TOOLS CO-CHAIRS
Farshad M. Ahadian, MD
Clinical Professor, Anesthesiology
Medical Director, Center for Pain Medicine
University of California–San Diego
La Jolla, CA
Boston Scientific, Pfizer, St-Jones (research support–principal investigator)

Gagan Mahajan, MD
Professor, Departments of Anesthesiology and Pain Medicine
Medical Director, Division of Pain Medicine
University of California–Davis
Sacramento, CA
No relevant financial relationships

SCIENTIFIC POSTER ABSTRACT CHAIR
James C. Watson, MD
Assistant Professor, Neurology
Mayo Clinic College of Medicine
Consultant, Department of Neurology, Divisions of Clinical Neurophysiology and Pain Medicine
Mayo Clinic
Rochester, MN
No relevant financial relationships

MEMBERS
James W. Atchison, DO
Medical Director, Center for Pain Management
Rehabilitation Institute of Chicago
Chicago, IL
Janssen, Mallinckrodt (honorarium–consultant)

Hisani R. Brandon-Edwards, BSN-BC RN
Acute Pain Nurse Manager
Walter Reed National Military Medical Center
Defense & Veterans Center of Integrative Pain Management
Rockville, MD
No relevant financial relationships

Timothy R. Deer, MD DABPM
Chair, Interventional Pain Committee
President and Chief Executive Officer
Interventional Pain Management
Charleston, WV
Axonics, Bioness, Ethos, Flowionix, Medtronic, Nevo, Spinal Modulation, Spinal Thera, St. Jude Medical, Vertos (consulting fee–consultant); Jazz Pharma (honorarium–speaker)

Diane M. Flynn, MD COL (Ret) MC USA
Primary Care Pain Champion
Madigan Army Medical Center
DuPont, WA
No relevant financial relationships

Vitaly Gordin, MD
Chair, Professional Education Committee
Associate Professor of Anesthesiology
Penn State University
Director for Pain Relief, Inc.
Charleston, WV
Axonics, Bioness, Ethos, Flowionix, Medtronic, Nevo, Spinal Modulation, Spinal Thera, St. Jude Medical, Vertos (consulting fee–consultant); Jazz Pharma (honorarium–speaker)

Leonardo Kapural, MD PhD
Clinical Director, Wake Forest University Health Sciences Chronic Pain Center
Carolina Pain Institute and Center for Clinical Research
Winston-Salem, NC
Bioness, Boston Scientific, Nevro, SPR Therapeutics (grant–research); Jazz Pharma (honorarium–speaker); Medtronic (honorarium–speaker/consultant); St. Jude (honorarium–consultant)

Michael L. Kent, MD LOCR MC USN
Staff Anesthesiologist/Regional Anesthesiology
Acute Pain Medicine Navy Physician
Walter Reed National Military Medical Center
Bethesda, MD
No relevant financial relationships

Jeffrey Leggit, MD COL MC USA
USU Consortium for Health and Military Performance (CHAMP) Medical Director
Assistant Professor
Uniformed Services University of the Health Sciences
Bethesda, MD
No relevant financial relationships

Bill H. McCrargerg, MD
Founder, Chronic Pain Management Program
Adjunct Assistant Clinical Professor
University of California–San Diego
Neighborhood Healthcare
San Diego, CA
Biopsynetics Technologies, Galena, Johnson & Johnson, Nektar Therapeutics, Protein Design Labs (stockholder); Collegium, Depomed, Inspiron, Ikaro, Janssen, Mallinckrodt, Millenium, Pfizer, Salix, Takeda, Zogenix (honorarium–advisor)

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

Samir Narouze, MD PhD
Chairman, Center for Pain Medicine
Western Reserve Hospital
Cuyahoga Falls, OH
No relevant financial relationships

Ravi Prasad, PhD
Clinical Associate Professor, Anesthesia
Stanford University Medical Center
Redwood City, CA
No relevant financial relationships

John E. Schmidt, PhD
Assistant Professor, Department of Medicine
Psychologist
Department of Biobehavioral Medicine in Oncology
Hillman Cancer Center
University of Pittsburgh Medical Center
Pittsburgh, PA
No relevant financial relationships

Dana L. Simon, MD
Chair, CME Oversight Committee
Medical Center Anesthesiologists PC
Des Moines, IA
No relevant financial relationships

Steven P. Stanos Jr., DO
Medical Director, Occupational Medical Services
Swedish Spine, Sports, and Musculoskeletal Medicine
Seattle, WA
Mallinckrodt, MyMatrixx, Pfizer, Zogenix (honorarium–consultant)

Jeffrey M. Tiede, MD LTC MC USA
Chief, Pain Management
Dwight D. Eisenhower Army Medical Center
Fort Gordon, GA
Nevro, Inc. (stock options/fee–consultant)

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

Ajay D. Wasan, MD MSc
Professor, Anesthesiology and Psychiatry
University of Pittsburgh Medical School
Vice Chair, Pain Medicine, Department of Anesthesiology
University of Pittsburgh Medical Center
Pittsburgh, PA
Analogic Solutions, Care Management Technologies, Regenesis Biomedical, Zogenix (honorarium–speaker)
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 patients with various pain conditions
• overcome barriers to the implementation of evidence-based strategies that improve the management of chronic migraine and intractable headaches
• implement the use of cost-effective and evidence-based integrative pain management modalities
• implement patient selection criteria and patient safety protocols designed to mitigate risks
• improve patient outcomes through interventional pain therapies and integrative treatments
• 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
• reduce costs, improve efficacy, and use outcome-tracking tools through evidence-based integrative and interventional pain techniques
• improve the coordination and use 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
• integrate interventional pain medicine into community-based hospice and palliative care
• enhance knowledge of careers in the field of pain medicine research and treatment.

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

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 ACCME.

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 31st Annual Meeting for a maximum of 27.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAPM 31st Annual Meeting and Related Education Programs
31st Annual Meeting ........................................ up to 15 credits
Essential Tools for Treating the Patient in Pain™ .............. 12 credits
Ultrasound Guidance for the Pain Physician.................. 4 credits
Neuroromodulation: An Evidence-Based Update ................. 4.75 credits
REMS Preconference Program .................................. 3.5 credits
PriMed (pmeCME) is the accredited provider of record and will provide CME for this program.

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 31st Annual Meeting and Essential Tools for Treating the Patient in Pain™, which will provide a maximum of 27.75 CME credits. REMS preconference program attendees can earn up to 3.5 additional credits.

American Academy of Family Physicians (AAFP)
AAPM is approved by the American Academy of Family Physicians (AAFP) to offer continuing medical education for the 31st 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 03/18/2015, has been reviewed and is acceptable for up to 11.75 prescribed credit(s) by the AAFP. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Academy of Physician Assistants (AAPA)
AAPA accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from accredited organizations, including AAFP.

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.

Americans with Disabilities Act
AAPM wishes to take steps to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act to attend any AAPM program, please contact the AAPM office in advance so that special requests may be met.

AMERICAN ACADEMY OF PAIN MEDICINE - 31st ANNUAL MEETING
Samir K. Ballas, MD FACP

Samir K. Ballas, MD FACP, is emeritus professor of medicine and pediatrics at Thomas Jefferson University and honorary staff member of HEMORIO (the Hematology Institute in Rio de Janeiro, Brazil). He is a senior member of the Cardeza Foundation for Hematological Research. Dr. Ballas is also former director of the Adult Sickle Cell Program of the Commonwealth of Pennsylvania for the Philadelphia Region, of Thomas Jefferson University’s Sickle Cell Center, and of the Thomas Jefferson University Hospital Blood Bank. His major research interests include red cell disorders in general and the sickle cell syndromes in particular, the pathophysiology and management of sickle cell pain, molecular and cellular factors that affect the phenotypic expression of sickle cell disease, and preventative and curative therapy of sickle cell disease.

Dr. Ballas is a recipient of several awards and honors: the Recognition Award by the Sickle Cell Patient Committee, Thomas Jefferson University, 1988; the Recognition Award for Dedication to the Cardeza Sickle Cell Patients in 1993; the Special Award for Caring and Dedication for Patients with Sickle Cell Disease from the Sickle Cell Support Group, Thomas Jefferson University, 2000; the Award in Appreciation of Dedication in the Management of Pain in Sickle Cell Disease from the Comprehensive Sickle Cell Program, Brookdale Hospital and Medical Center, Brooklyn, NY, 2000; a testimonial as an International Health Professional of the Year 2005 with Outstanding Contributions to Sickle Cell Disease; the Life Time Achievement Award for Service, Research, and Education for Sickle Cell Disease, Howard University, 2011; the Therapeutic Apheresis Best Abstract Award, 2011 ASFA Annual Meeting; and the Distinguished Service Award from Sickle Cell Thalassemia Patients Network, Brooklyn, NY, 2012. He has also been an elected member of the Alpha Omega Alpha Honor Medical Society since 1967, an honorary member of the Sickle Cell Disease Association of America in 1996, and an honorary member of the board of directors of the Southern Regional Sickle Cell Association, Inc., in 1998.

Dr. Ballas is a member of various professional organizations and societies. He is a member of the editorial board of the American Journal of Hematology, Hemoglobin, and Advances in Hematology. He is also the Hemoglobinopathies Editor of The Cochrane Review Database. In addition, he has authored or coauthored more than 800 articles, book chapters, and abstracts in a number of diverse publications. He authored a book about sickle cell pain published by the International Association for the Study of Pain in 1998. A second edition of the book was published in March 2014.

Dr. Ballas received his medical degree with distinction from the American University of Beirut–Lebanon in 1967. He completed his residency training in hematology at the Cardeza Foundation of Thomas Jefferson University in Philadelphia, PA. He is board certified in internal medicine, hematology, blood banking, pain medicine, and pain management.
PRESIDENTIAL EXCELLENCE FOR EDUCATION AWARD
The Presidential Excellence for Education Award honors an individual who has made major contributions to the education of others about pain medicine.

Michael J. Cousins, MD DSc
Professor Michael J. Cousins, MD DSc, is Australia’s preeminent expert in pain medicine and pain management. He has accumulated 44 years of research, teaching, clinical innovation, healthcare advocacy, and policy reform in Australia and internationally.

Dr. Cousins was appointed the foundation professor and head of anesthesia and pain management at the Royal North Shore Hospital and the University of Sydney, where he established the Pain Management Research Institute and the Pain Management and Research Centre, which has become recognized as a leading global center for multidisciplinary pain medicine and pain management.

Dr. Cousins’s work was recognized with an Order of Australia designation “for service to medicine particularly in the fields of pain management and anesthesia.” At the Australia Day Awards in January 2014, he was named an Officer of the Order of Australia (OA) in recognition of his lifetime achievements in the field of pain medicine, including advancements in education, research, clinical practice, and health policy reform in Australia and internationally. His work was also lauded as a NSW finalist in the 2014 Australian of the Year Awards.

Dr. Cousins studied medicine at the University of Sydney. After graduating in 1963, he completed his residency at the St. George Hospital and specialist training in anesthesia at the Royal North Shore Hospital.

He has authored more than 300 original research publications and three textbooks. In the future, Professor Cousins will continue with his research and clinical practice at the Northern Private Pain Centre. As a director of pain in Australia, he will continue to be a passionate advocate for access to pain management as a human right, and for ongoing policy reform.

DISTINGUISHED SERVICE AWARD
The Distinguished Service Award is given to an individual for commitment and contributions to the American Academy of Pain Medicine. This award is given to an individual for specific outstanding contributions.

Perry G. Fine, MD
Perry G. Fine, MD, completed medical school in 1981 at the Medical College of Virginia in Richmond. He completed an internship in 1982 at the Community Hospital of Sonoma County in Santa Rosa, CA, and completed his residency in 1984 at the University of Utah Health Sciences Center in Salt Lake City, UT. In addition, Dr. Fine completed a fellowship in 1985 at the Smythe Pain Clinic of the University of Toronto in Ontario, Canada.

Dr. Fine is a professor in the department of anesthesiology of the School of Medicine at the University of Utah, where he serves on the faculty in the Pain Research Center, and is an attending physician in the Pain Management Center. Dr. Fine is the strategic advisor for Capital Caring, Washington, DC, developing sustainable models of coordinated care in community settings as an integrative component of comprehensive advanced illness care. He is past-president of AAPM and represents the Academy on the Steering Committee of the Pain Care Coalition, Washington, DC. He also serves on the Clinical Models Committee of the Coalition to Transform Advanced Care (CTAC); on the board of directors of ISA Scientific, developing new safe and effective analgesic therapies for the treatment of chronic pain; and on the board of directors of Magellan Health, a large healthcare management company focusing on behavioral health and improving health outcomes in special and vulnerable populations.

Dr. Fine is widely published in the fields of pain management and end-of-life care. He serves on several scientific advisory boards and the editorial boards of several peer-reviewed medical journals, including Pain Medicine and the Journal of Pain and Symptom Management. As a medical avocation, he worked as a team physician for the University of Utah football team for 18 years and was a medical officer for the 2002 Winter Olympics in Salt Lake City. He is the recipient of the 2007 American Academy of Hospice and Palliative Medicine Distinguished Hospice Physician Award, and the 2008 American Pain Society John and Emma Bonica Public Service Award. He is the recipient of the American Academy of Pain Management’s 2010 Head and Heart award and the 2011 Nysswander Award, presented at the annual Pain and Chemical Dependency meeting in New York City. In 2012, the Perry G. Fine, MD, Endowed Fund in Pain and Palliative Medicine was created at West Virginia University by Hospice Care Inc. to honor his contributions to the fields of pain and palliative care and ensure ongoing continuing health professionals’ education in these essential domains. He was honored with the 2012 “Passion for Caring” award by Capital Caring at the National Building Museum in Washington, DC.
PHILIP M. LIPPE, MD, AWARD
The Philipp M. Lippe, MD, Award is given to a physician for outstanding contributions to the social and political aspect of pain medicine. Social and political accomplishments could be those that benefit the science, the practice, or the recognition of the specialty.

### LTG (ret) Eric B. Schoomaker, MD PhD
Prior to his retirement in 2012 after 32 years of active service, Lieutenant General (Retired) Eric B. Schoomaker, MD PhD, served as the 42nd U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command.

He currently serves as a professor and vice chair for centers and programs in the Department of Military & Emergency Medicine, School of Medicine, at the nation’s only federal health university, the Uniformed Services University of the Health Sciences (USU) in Bethesda, MD. His principal interests are in complementary and integrative health and medicine (CIHM) in the shift from a disease management-focused healthcare system to one more centered on the improvement and sustainment of health and well-being, leading to optimal human performance and in leadership education. He is examining the incorporation of CIHM education and training into the education of physicians and other healthcare professionals. Dr. Schoomaker is also exploring the central importance of leadership education and training for health professionals, to realize USU’s vision as the nation’s “health leadership academy.”

Dr. Schoomaker committed his career to meeting the health needs of soldiers, their families, and veterans through initiatives that army medicine implemented throughout its facilities in the United States, Europe, and the Pacific, focusing on improving soldiers’ medical readiness, enhancing battlefield care, establishing a comprehensive behavioral health system of care, fostering a culture of trust, advancing comprehensive pain management, and promoting health by preventing combat wounds, injury, and illness.

Dr. Schoomaker is an internal medicine physician with a PhD in human genetics. While in uniform, he held many assignments including command of the Walter Reed Army Medical Center in Washington, DC; the Army’s Medical Research and Materiel Command in Fort Detrick, MD; an army academic medical center; a community hospital; a deployable medical brigade; and two army regional medical commands.

Dr. Schoomaker is the recipient of numerous military awards, including those from France and Germany, the 2012 Dr. Nathan Davis Award from the American Medical Association for outstanding government service, and an Honorary Doctor of Science Award from Wake Forest University.

### Major General Richard W. Thomas, MD
Major General Richard W. Thomas is an Army physician and serves as the chief medical officer and director of the Defense Health Agency Healthcare Operations Directorate.

Dr. Thomas was commissioned through the ROTC program at West Virginia University (WVU). He graduated from the WVU School of Dentistry and served in the U.S. Army Dental Corps before receiving his medical degree from the WVU School of Medicine in 1994. Dr. Thomas completed his internship at Brooke Army Medical Center, Fort Sam Houston, TX, and residency in Otolaryngology/Head & Neck Surgery at Madigan Army Medical Center, Fort Lewis, WA. Dr. Thomas is certified by the American Academy of Otolaryngology/Head & Neck Surgery and is a fellow in the American College of Surgeons. He is a previous consultant to the Army surgeon general in his medical specialty.

Dr. Thomas’s military education includes the Army War College, the Army Command and General Staff College, and the Army Medical Department officer advanced and basic courses.

Prior to his current assignment, Dr. Thomas served as the commanding general of Western Regional Medical Command, chief of the U.S. Army Medical Corps, and senior market executive for TRICARE Puget Sound Multi-Service Market. Previous duty assignments include surgeon general, United States Forces, Afghanistan; senior medical advisor, International Security Assistance Forces Joint Command, Afghanistan; assistant army surgeon general (Force Projection), the Pentagon; commander, Blanchfield Army Community Hospital, Fort Campbell, KY; principal assistant deputy of human resources, Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs), the Pentagon; commander, 47th Combat Support Hospital, Fort Lewis, WA; division surgeon, 101st Airborne Division (Air Assault), Fort Campbell, KY; assistant chief, Otolaryngology/Head & Neck Surgery, Madigan Army Medical Center; commander, 53rd Medical Team (Head and Neck), Fort Lewis, WA; staff surgeon, Madigan Army Medical Center, Fort Lewis, WA; division dental surgeon, 82nd Airborne Division, Fort Bragg, NC; dental officer, Fort Clayton, Republic of Panama. Operational deployments include Operation Just Cause, Operation Enduring Freedom, and Operation Iraqi Freedom.

Dr. Thomas’s awards, decorations, and honors include the Distinguished Service Medal, Legion of Merit (with two oak leaf clusters), Bronze Star Medal (with one oak leaf cluster), Defense Meritorious Service Medal, Meritorious Service Medal (with two oak leaf clusters), Air Medal, and various campaign medals. He earned the Army Staff Badge, Combat Medical Badge, Senior Parachutist Badge, Flight Surgeon Badge, Air Assault Badge, and Expert Field Medical Badge. Dr. Thomas holds the “A” proficiency designation for expertise in his medical specialty and has been honored with the Order of Military Medical Merit. He is a proud honorary member of the Sergeant Audie Murphy Club. His professional affiliations include the American College of Surgeons, the American Academy of Otolaryngology, and various other national and international medical societies.
The Founders Award is given to an individual for outstanding contributions to the science or practice of pain medicine. This 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.

Clifford J. Wolff, MD PhD
Clifford J. Wolff, MD PhD, is an internationally recognized expert in pain and regeneration of the nervous system. He was born in Johannesburg, South Africa, where he earned his MD and PhD degrees. He moved to London in 1979 and became the professor of neurobiology in the Department of Anatomy and Developmental Biology at University College London. In 1997, he was recruited by the Massachusetts General Hospital (MGH) and Harvard Medical School (HMS) to join the faculty of the department of anesthesia, critical care, and pain management at MGH and serve as the first Richard J. Kitz Professor of Anaesthesiology Research at HMS. During this period, he established and directed the Neural Plasticity Research Group at MGH.

In 2007, he was appointed the principal faculty member of the Harvard Stem Cell Institute. In 2010, he was named director of the F. M. Kirby Neurobiology Center and of the program in neurobiology at Children’s Hospital Boston and became the professor of neurology and neurobiology at HMS, as well as codirector of neuroimmunology for the program in immunology. Dr. Woolf is deputy director of the Intellectual Developmental Disability Disorders Center at Boston Children’s Hospital and codirector of the neuroscience program of the Harvard Stem Cell Institute.

Dr. Woolf’s research focuses on understanding the mechanism of pain and on promoting the regeneration of the nervous system and translating these basic science results into new therapeutics and diagnostics. He was the discoverer of central sensitization and the first to show the role of NGF in inflammatory pain. His current work includes human, mouse, and Drosophila genetics, stem cell biology, and exploitation of a novel strategy for silencing pain fibers. The author of more than 300 original articles, reviews, and editorials, Dr. Woolf is also a serial innovator, holding multiple patents and licenses for technological innovation, and has served as a consultant and scientific advisory board member for biotechnology firms and drug companies.

During his career, Dr. Wolff has received nearly two dozen honors and prizes. Most recently, he was awarded the Magnes Medal in Israel (2013) and selected to deliver the FE Bennett Memorial Lecture by the American Neurological Association (2012). He was awarded a Javits Award from the National Institute of Neurological Disorders and Stroke at the National Institutes of Health (2011) and delivered the Schmidt Lecture at Massachusetts Institute of Technology (2011), the Bonica Lecture for the International Society of the Study of Pain (2010). He was the first in the International Society of the Study of Pain to receive the Distinguished Young Investigator Award in 1987. Dr. Woolf was also a visiting professor at Columbia University (2009) and received the Wall Medal from the Royal College of Anesthetists in the U.K. (2009).
**PAST AWARD RECIPIENTS**

**PHILIP 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 Haddox, 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
- 2013  Chester (Trip) Buckenmaier III, MD COL MC USA
- 2014  James P. Rathmell, MD

**DISTINGUISHED SERVICE AWARD**
- 1996  Patricia Owen
- 1997  Not Awarded
- 1998  Paul Gebhard, JD; Kristie Haley
- 1999  Peter Wilson, PhD MBBS; 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 DABPM
- 2012  B. Todd Sitzman, MD MPH
- 2013  Philip A. Saigh Jr.
- 2014  Charles E. Argoff, MD; Marsha Stanton, PhD RN

**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 MA
- 2012  Howard L. Fields, MD PhD
- 2013  Allan Basbaum, PhD
- 2014  Steven P. Cohen, MD

**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
- 2009  Not Awarded
- 2010  Myra Christopher
- 2011  Will Rowe
- 2012  Robert J. Saner II, JD
- 2013  Malene Davis, MBA MSN CHPN, and Capital Caring
- 2014  Edward J. Bilsky, PhD

**AAPM PRESIDENTIAL EXCELLENCE AWARD FOR EDUCATION**
- 2012  Lynn R. Webster, MD
- 2013  Debra K. Weiner, MD
- 2014  Beth B. Murinson, MD PhD

**ROBERT G. ADDISON, MD, AWARD**
- 2014  Tanja Erika Schlereth, MD PhD

VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
For more than 30 years, the American Academy of Pain Medicine (AAPM) has been the premier pain association, serving more than 2,400 pain physicians, researchers, and members of their treatment teams practicing in the field of pain medicine. AAPM physician members have backgrounds in a variety of disciplines, including anesthesiology, internal medicine, neurology, neurological surgery, orthopedic surgery, physiatry, and psychiatry.

Valued AAPM Benefits

- **Pain Medicine**—the Academy's journal, the premier source of peer-reviewed research and commentary on the multidisciplinary clinical practice of pain medicine
- **Annual Meetings**—discounted rates for members to attend the preeminent meeting for physicians and their treatment teams
- **Online Education and CME Portal**—trusted quality education by top experts and researchers in the field that has received accreditation with commendation from the Accreditation Council for Continuing Medical Education (ACCME)
- **AAPM Website**—a robust website that includes a Members’ Community, library of pain medicine resources, coding and practice management resources, and patient education materials
  - AAPM’s website received the 2010 Platinum eHealthcare Leadership Award for best site design in the physician/clinician-focused site category.
- **AAPM e-News**—a biweekly e-newsletter that provides a quick way to stay abreast of the latest news in the field of pain medicine, including research, clinical trials, and advocacy issues
- **AAPMail Alerts**—timely e-mails that notify members about FDA alerts, advocacy updates, member information, and more
- **Advocacy**—AAPM supports pain patients and pain medicine clinicians by advocating for better pain care

*Qualifying physicians who attended the 2015 Annual Meeting as nonmembers can join the Academy for an additional $90 and receive a full year of membership benefits. Offer expires on April 30, 2015. Visit the AAPM registration desk for an application or call 847.375.4731 and mention code PHY15.*
SAVE THE DATE
32nd ANNUAL MEETING
The Emerging Science & Practice of Pain Medicine

MEETING DATES: FEBRUARY 18-21, 2016
EXHIBIT DATES: FEBRUARY 18-20, 2016

Renaissance Palm Springs Hotel & Convention Center
Palm Springs, CA

WWW.PAINMED.ORG
## WEDNESDAY, MARCH 18

<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>Satellite Symposium—Pain Matters: Patient and Provider Perspectives on Pain Management</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>
</tr>
</tbody>
</table>

## THURSDAY, MARCH 19

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–6:15 am</td>
<td>AAPM-Provided Breakfast</td>
</tr>
<tr>
<td>6:15–7:15 am</td>
<td>Satellite Symposium—Importance of Pharmacogenetics in Predicting Opioid Risk</td>
</tr>
<tr>
<td>7:30–11:30 am</td>
<td>Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 2 (PME) (Ends at 11:45 am)</td>
</tr>
<tr>
<td>11:30 am–Noon</td>
<td>AAPM-Provided Lunch</td>
</tr>
<tr>
<td>Noon–1 pm</td>
<td>Satellite Symposium—When Seconds Count, Will Your Patients Be Ready? Starting the Conversation About Opioid Overdose</td>
</tr>
<tr>
<td>1:15–5:15 pm</td>
<td>SAFE Opioid Prescribing (003) (Ends at 4:45 pm)</td>
</tr>
<tr>
<td>5–6:45 pm</td>
<td>AAPM 31st Annual Meeting Welcome Reception</td>
</tr>
</tbody>
</table>

## FRIDAY, MARCH 20

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15–6:45 am</td>
<td>AAPM-Provided Breakfast</td>
</tr>
<tr>
<td>8:45–7:45 am</td>
<td>Satellite Symposium—Old Problems, New Challenges: What’s Next for People in Pain</td>
</tr>
<tr>
<td>8–8:45 am</td>
<td>Keynote Presentation—National Pain Strategy Task Force: A Strategy to Transform Pain Prevention, Care, Education, and Research (101)</td>
</tr>
<tr>
<td>8:45–9:30 am</td>
<td>Patient-Centered Outcomes Research Institute’s (PCORI) Interests in Clinical Research on Pain Management (102)</td>
</tr>
<tr>
<td>9:30–10:30 am</td>
<td>BREAK EXHIBITS &amp; POSTER SESSIONS—GROUP 1</td>
</tr>
<tr>
<td>10:30–11:15 am</td>
<td>Federal Medicine Efforts to Enhance Pain Management and Incorporate Integrative Medicine into General Pain Medicine (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>Satellite Symposium—Medication Monitoring and Pharmacogenetic Testing (PGT): Helping Clinicians to Individualize Safer Opioid Management</td>
</tr>
<tr>
<td>1:45–2:45 pm</td>
<td>Opioid Agonist Treatment in the Care of Co-Occurring Pain and Addiction (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>Opioid Drugs: Interaction Pitfalls (205)</td>
</tr>
<tr>
<td>4:45–5 pm</td>
<td>BREAK WITH EXHIBITS</td>
</tr>
<tr>
<td>5–6 pm</td>
<td>Medical and Behavioral Management of Patients Undergoing Opioid Cessation (209)</td>
</tr>
<tr>
<td>6–7:30 pm</td>
<td>AAPM 31st Annual Meeting Reception Exhibits &amp; Poster Sessions—Group 2</td>
</tr>
</tbody>
</table>
### SATURDAY, MARCH 21

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:15–6:45 am</td>
<td>AAPM-Provided Breakfast</td>
</tr>
<tr>
<td>6:45–7:45 am</td>
<td>CME Satellite Symposium—Opioid-Induced Constipation: Proactive Diagnosis and Targeted Management</td>
</tr>
<tr>
<td>8–9:30 am</td>
<td>The “Chronification” of Pain: Translational Concepts and Case-Based Care (301)</td>
</tr>
<tr>
<td></td>
<td>Platforms for Learning Healthcare Systems: Collaborative Health Outcomes Information Registry (CHOIR) and Pain Assessment and Outcome Registry (PASTOR) (302)</td>
</tr>
<tr>
<td></td>
<td>American Headache Society Program: Headache—New Understanding and Evolving Management (303)</td>
</tr>
<tr>
<td></td>
<td>The Interventional Topics Pain Debate—Day 2, Session 1 (304)</td>
</tr>
<tr>
<td>9:30–10:45 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>10:45–11:45 am</td>
<td>My Hospital Wants an Acute Pain Service...Cheap! (305)</td>
</tr>
<tr>
<td></td>
<td>Update on Acupuncture and Other Integrative Medicine Treatments in Pain Medicine (306)</td>
</tr>
<tr>
<td></td>
<td>Opioid-Induced Hyperalgesia: Menace, Myth, and Methodology (307)</td>
</tr>
<tr>
<td></td>
<td>The Interventional Topics Pain Debate—Day 2, Session 2 (308)</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>Satellite Symposium—Prioritizing Pain Patients’ Needs in the Opioid Debate</td>
</tr>
<tr>
<td>1:15–2:15 pm</td>
<td>AAPM BUSINESS MEETING AND AWARDS PRESENTATION</td>
</tr>
<tr>
<td>2:15–2:30 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>2:30–4 pm</td>
<td>Ketamine for Acute Post-Operative Pain, Chronic Pain, and Depression: Evidence, Protocols, and Logistics (309)</td>
</tr>
<tr>
<td></td>
<td>Headache: The Common, Can’t-Miss, and Interventionally Amenable (310)</td>
</tr>
<tr>
<td></td>
<td>The Career and Life in Clinical Pain Research (311)</td>
</tr>
<tr>
<td></td>
<td>The Interventional Topics Pain Debate—Day 2, Session 3 (312)</td>
</tr>
<tr>
<td>4–4:15 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>4:15–5:45 pm</td>
<td>Optimizing Pain Treatment Outcomes Through Treating Catastrophizing and Utilization of Multidisciplinary Pain Programs (313)</td>
</tr>
<tr>
<td></td>
<td>Integrating Intervventional Pain Medicine into Community-Based Hospice and Palliative Care (314)</td>
</tr>
<tr>
<td></td>
<td>Battlefield Acupuncture Training (315)</td>
</tr>
<tr>
<td></td>
<td>Pain Psychology 101: Understanding the Role of Psychology in Pain Medicine (316)</td>
</tr>
</tbody>
</table>

### SUNDAY, MARCH 22

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45–7:15 am</td>
<td>AAPM-Provided Breakfast</td>
</tr>
<tr>
<td>7:15–8:15 am</td>
<td>Satellite Symposium—Putting Patients First: Developing Abuse Deterrent Opioids</td>
</tr>
<tr>
<td>8:30–9:30 am</td>
<td>The Differentiation of Shoulder Versus Neck as a Source of Pain in the Upper Body (401)</td>
</tr>
<tr>
<td></td>
<td>Clinical Pearls: Opioids (402)</td>
</tr>
<tr>
<td></td>
<td>Parameters of Interprofessional Pain Team Functioning (403)</td>
</tr>
<tr>
<td>9:30–9:45 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>9:45–10:45 am</td>
<td>Knee Pain: What to Do on the Exam (Rather Than Just Ordering an MRI) When It Hurts by Itself (404)</td>
</tr>
<tr>
<td></td>
<td>Clinical Pearls of Pain Medicine (405)</td>
</tr>
<tr>
<td></td>
<td>“Flipping the Curriculum” in Pain Education (406)</td>
</tr>
<tr>
<td>10:45–11 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>11 am–Noon</td>
<td>Opioids Prescription Declines in Primary Care Practice After Advanced Virtual Training: A 3-Year Evaluation of Project SCAN-ECHO in a Tertiary Veterans Affairs Facility (407)</td>
</tr>
<tr>
<td></td>
<td>Clinical Pearls: Medical Marijuana and Cannabinoids (408)</td>
</tr>
<tr>
<td></td>
<td>Bladder Pain Syndrome/Interstitial Cystitis: The Role of the Pain Medicine Specialist (409)</td>
</tr>
</tbody>
</table>

### 31st ANNUAL MEETING EDUCATIONAL SUPPORTERS

- Medtronic, Inc.
- Pfizer

Listing as of February 12, 2015
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, March 20, 11:15 am–Noon
- Poster Research Highlights —Friday, March 20, 1:45–2:45 pm

Scientific posters will be on display in the AAPM Resource Center at the Gaylord Convention Center. There will be two presentation groups of posters. Be sure to visit the Resource Center to see both groups; they are available to be viewed on different days. Copies of the seven highest-ranking posters will also be displayed close to the registration area. Poster authors are invited to provide copies of their posters for inclusion on the AAPM website. Late-breaking posters will be on display through all poster sessions.

GROUP 1
This presentation group, with posters numbered 100–178, includes posters categorized by the following clinical topics:
- procedures
- psychosocial
- rehabilitation
- late-breaking

These posters will be on display in the Resource Center from Thursday, March 19, at 5 pm until Friday, March 20, at 10:30 am.

GROUP 2
This presentation group, with posters numbered 179–254, along with late-breaking posters, includes posters categorized by the following clinical topics:
- basic science
- epidemiology/health policy/education
- pharmacological
- translational
- late-breaking

These posters will be on display in the Resource Center from Friday, March 20, at 6 pm until Saturday, March 21, at 10:45 am.

AUTHOR-ATTENDED SESSIONS

GROUP 1
THURSDAY, MARCH 19
5–6:45 pm
Welcome Reception with Poster Session

FRIDAY, MARCH 20
9:30–10:30 am
Poster Break

GROUP 2
FRIDAY, MARCH 20
6–7:30 pm
Reception with Poster Session

SATURDAY, MARCH 21
9:30–10:45 am
Poster Break

SPEAKER READY ROOM HOURS

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker Room Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, March 17</td>
<td>4–7 pm</td>
</tr>
<tr>
<td>Wednesday, March 18</td>
<td>6:15 am–6 pm</td>
</tr>
<tr>
<td>Thursday, March 19</td>
<td>6:30 am–7 pm</td>
</tr>
<tr>
<td>Friday, March 20</td>
<td>6:30 am–6:30 pm</td>
</tr>
<tr>
<td>Saturday, March 21</td>
<td>7 am–5:45 pm</td>
</tr>
<tr>
<td>Sunday, March 22</td>
<td>7:30 am–Noon</td>
</tr>
</tbody>
</table>
REGISTRATION HOURS
Tuesday, March 17 ............................... 4–7 pm
Wednesday, March 18 ............................ 6:30 am–5 pm
Thursday, March 19 .............................. 6:30 am–6 pm
Friday, March 20 ................................. 7:30 am–6 pm
Saturday, March 21 .............................. 7:30 am–5 pm
Sunday, March 22 ................................. 8 am–Noon
Location: Potomac Ballroom Foyer, Gaylord National Convention Center

PAPERLESS MEETING
Registrants are able to view, download, and print faculty slides and presentation information at www.painmed.org/dc at least 1 week before the Annual Meeting, and also after the meeting.

SUNSHINE ACT
The Physician Payment Sunshine Act (Sunshine Act)—Section 6002 of the Patient Protection and Affordable Care Act mandates the disclosure of the National Provider Identifier (NPI) number for any “payment or other transfer of value over $10” given to a physician from any pharmaceutical, device, or biologics manufacturing company. As an accredited ACCME provider for CME, physician participation in AAPM CME-accredited activities is deemed a “nonreportable” event.

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/dc 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 April 30, 2015, regardless of whether they are seeking continuing education credits. If you have any questions, please call 847.375.4731.

NETWORKING OPPORTUNITIES/AAPM MEMBERS’ ANNUAL BUSINESS MEETING
THURSDAY, MARCH 19

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

5:15–5:45 pm
How to Get Published in Peer-Reviewed Journals, AAPM Resource Center, Corporate Showcase (aisle 400)
Join our editor, Dr. Rollin Gallagher, senior associate editor, Dr. R. Norman Harden, and members of the Pain Medicine Editorial Board who will present tips and advice on how to get your research published!

FRIDAY, MARCH 20

5:00–5:45 pm
How to Get Published in Peer-Reviewed Journals, Chesapeake 1 & 2
Join our editor, Dr. Rollin Gallagher, senior associate editor, Dr. R. Norman Harden, and members of the Pain Medicine Editorial Board who will present tips and advice on how to get your research published!

5–6 pm
Pain Medicine Program Directors, Fellows, Residents, and Students Reception
Meet with program directors and learn more about the specialty of pain medicine.
Pain medicine fellows, residents, and students are welcome to attend.

6–7:30 pm
Reception, AAPM Resource Center

SATURDAY, MARCH 21

1:15–2:15 pm
AAPM Members’ Business Meeting and Awards Presentation
Download the AAPM Annual Meeting App!

Enjoy the convenience of having meeting content on your mobile device. Attendees can access meeting schedules, session information, exhibit maps, sponsors and exhibitors, and more! Download the AAPM—American Academy of Pain Medicine 31st Annual Meeting App hosted by Grupio in two easy steps:

1. Search for Grupio in the App Store for iPad or iPhone users or on Google Play for Android devices.

2. Once Grupio is installed on your device, launch the app and search for AAPM under the Featured Events list.
VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
WEAECRRENNBEEEHHESS CHISSIONS

**WEEDNESSDAY, MARCH 18, AND THURSDAY, MARCH 19**

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

- Designed for clinicians interested in the fundamentals of pain medicine and practical approaches to the treatment of common pain disorders, this 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.
- This session has been supported by unrestricted educational grants from Depomed, Inc., as of February 16, 2015.

**WEDNESDAY, MARCH 18—DAY 1**

**7:15 am–5:30 pm**

- The Difficult Pain Patient: Barriers to Success
- The Anatomy of Ouch!
- Understanding and Treating Neuropathic Pain
- Overview of Non-Opioid Pain Pharmacology
- Headache: Evaluation, Examination, and Treatment
- Quick Approach to the Pain Psychiatric Interview
- Fibromyalgia: Discrete Disease, Tip of the Iceberg, or Rubbish?
- Medically Unexplained Physical Symptoms: What to Do?
- Shoulder and Hip Pain: Assessment and Physical Exam
- Cervical and Lumbar Spine Pain: Assessment and Physical Exam
- Therapeutic Exercise as a Prescription for Chronic Pain: Does It Work?
- Interventional Therapies for Spine Pain

**THURSDAY, MARCH 19—DAY 2**

**7:30–11:30 am**

- Cancer Pain and Palliative Care
- Chronic Abdominal and Pelvic Pain: Diagnosis and Treatment
- Medical Acupuncture and Chronic Pain
- Medical Marijuana: Review of Current Evidence
- Strategies for Managing Chronic Pain in the Patient with Addiction
- Pain Medicine: Emerging Policy and Regulation

**THURSDAY, MARCH 19**

**7:30–11:30 am**

**Ultrasound Anatomy and Guidance in Selected Acute and Chronic Pain Medicine Procedures (001 am)**

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

- Faculty
  - Stephan M. Esser, MD
  - Bryan C. Hoelzer, MD
  - Susan M. Moeschler, MD
  - Einar Ottestad, MD
  - Steven Porter, MD
  - Hariharan Shankar, MD
  - James C. Watson, MD
  - Steven J. Wisniewski, MD

- This program provides an overview of the advantages and limitations of ultrasound guidance in the practice of pain medicine and provides hands-on applications for the ultrasound novice. The advantages and disadvantages of ultrasound and fluoroscopy also will be discussed. Attendees will practice real-time techniques for common ultrasound procedures and will review the available literature regarding feasibility, safety, and outcomes.

- This program includes discussion on the following ultrasound-guided procedures:
  - musculoskeletal injections
  - axial cervical injections
  - lumbosacral injections
  - periprocedural/regional procedures.

- 2.6 hours will be spent in 10 hands-on workshop stations:
  - shoulder, biceps, tendon
  - hip/troch
  - peripheral nerve (med/uln/rad/saph/sural)
  - sacroiliac joint/piriformis/caudal
  - ilioinguinal iliohypogastric, LFCN, TAP
  - intercostals, paravertebrals
  - interscalene, axillary
  - cervical spine—TON, MBB, stellate
  - MSK/chronic pain station
  - periprocedural station (femoral, sciatic, peroneal, P. tibial, saphenous, TAP)

**1:15–5:15 pm**

**Ultrasound Anatomy and Guidance in Selected Acute and Chronic Pain Medicine Procedures (001 pm)**

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

---

*There is an additional fee to attend this preconference session. Preregistration is required.*

*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 this preconference session. Preregistration is required.*
7–11:45 am
Neuromodulation: An Evidence-Based Update of the Field (002)†*
Program Co-Chairs
(from left): Timothy R. Deer, MD DABPM; Tim J. Lamer, MD; Robert M. Levy, MD PhD; Nagy A. Mekhail, MD PhD

The American Academy of Pain Medicine is proud to work with international thought leaders to bring this special learning opportunity to both members and friends of the academy. The faculty represents world leaders in research, publication, and teaching in the area of neurostimulation and intrathecal drug delivery. New prospective research will be presented in the areas of new waveforms, frequencies, targets, and multi-contact systems. This research will be debated, critiqued, and discussed in a constructive and open forum.

This highly interactive preconference program focuses on the data and application of new advances in neurostimulation for the treatment of chronic pain and painful conditions. In addition to discussing future targets and waveforms, it reviews specific recommendations, new survey data from multiple sources describing current practice, clinician views of the best-practice recommendations, and clinician willingness and barriers to change. In addition, the program identifies the discrepancies between current practices and the consensus recommendations, as well as practical considerations for practice implementation.

Neuromodulation in the Pain Treatment Algorithm
Tim J. Lamer, MD

Cost-Effectiveness of Neuromodulation
Nagy A. Mekhail, MD PhD

Dorsal Root Ganglion Stimulation: The Basic Science
Peter S. Staats, MD

Dorsal Root Ganglion Stimulation: Prospective Clinical Results and Data
Allen W. Burton, MD

High-Frequency Stimulation: The Basic Science
B. Todd Sitzman, MD MPH

High-Frequency Stimulation: Prospective Clinical Results and Data
Leonardo Kapural, MD PhD

Burst Stimulation: The Basic Science
Robert M. Levy, MD PhD

Burst Stimulation: Prospective Clinical Results and Data
Timothy R. Deer, MD DABPM

Peripheral Nerve Stimulation: The Trunk
William P. McRoberts, MD

Peripheral Nerve Stimulation: The Limb
Konstantin V. Slavin, MD

Peripheral Nerve Stimulation: The Head and Neck
Samer Narouze, MD PhD

Peripheral Nerve Stimulation: The Hybrid System
Jason E. Pope, MD

Targets and Waveforms: The Future of Neuromodulation
Timothy R. Deer, MD DABPM

Advanced Stimulation with Multi-Lead Combinations
Richard G. Bowman, II, MD

High-Density Current Stimulation: A New Program to Improve Outcomes
Timothy R. Deer, MD DABPM

Intrathecal Drug Delivery: Still in the Algorithm
Allen W. Burton, MD

†This program is subject to cancellation if attendance does not meet capacity.
*There is an additional fee to attend this preconference session. Preregistration is required.
8–8:45 am

Keynote Presentation—National Pain Strategy Task Force: A Strategy to Transform Pain Prevention, Care, Education, and Research (101)
The National Pain Strategy Task Force was formed to address a recommendation of a 2011 Institute of Medicine report—Relieving Pain in America—that “The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources.” The National Pain Strategy Task force was assembled to:
• include an agenda for developing physiological, clinical, behavioral, and psychological outcomes and health services research and appropriate links across these domains
• improve pain assessment and management programs within the service delivery and financing programs of the federal government
• proceed in cooperation with the Interagency Pain Research Coordinating Committee and the National Institutes of Health’s Pain Consortium and reach out to private-sector participants as appropriate
• involve the appropriate agencies and entities
• include ongoing efforts to enhance public awareness about the nature of chronic pain and the role of self-care in its management.
This plenary session discusses the efforts of the National Pain Strategy Task Force.

8:45–9:30 am

Patient-Centered Outcomes Research Institute’s (PCORI) Interests in Clinical Research on Pain Management (102)
Joe V. Selby, MD MPH
Patients, their families, and clinicians face a wide range of complex and often confusing choices when addressing their healthcare concerns. They need trustworthy information to decide which option is best for them. Unfortunately, traditional medical research, despite the remarkable advances in care it produces, hasn’t been able to answer many of the questions that patients and their clinicians face daily. Even when reliable information does exist, it’s not always available to patients or those who care for them in ways they can understand or use most effectively. PCORI was established to help address these challenges. This session discusses PCORI’s creation and mission, detailing how the work of this organization should lead to better healthcare decisions and, ultimately, to improved patient outcomes.

10:30–11:15 am

Federal Medicine Efforts to Enhance Pain Management and Incorporate Integrative Medicine into General Pain Medicine (103)
LTG (ret) Eric B. Schoomaker, MD PhD USA
This session details the diverse pain medicine treatment techniques that the federal government has utilized in treating pain through its federal medicine programs, treating wounded warriors from the time of their injury throughout their recovery back in the United States and ultimately in their home towns. Because the federal government is the largest employer in the United States, the successful outcomes of these programs will illustrate their significant benefits to all pain practitioners.

11:15 am–Noon

Plenary Research Highlights (104)
Moderator
James C. Watson, MD
Increasing both the quality and quantity of scientific pain research remains a primary goal for the 31st Annual Meeting Planning Committee. The reputation of AAPM as a premier academic and scientific research organization continues to increase in the quality and quantity of cutting-edge scientific research abstract submissions. The Scientific Poster Abstract Committee has selected three of the highest-ranking 2015 poster submissions for presentation in this plenary venue. Four additional poster submissions will be presented in a concurrent Poster Research Highlights session on Friday afternoon.

Stem Cell Transplantation Inhibited Microglial Activation and Reversed Morphine-Induced Opioid Tolerance in Rats (Poster 181, Group 2)
Kathleen Cheng
Rationale for the SENZA-RCT Study Design and Comparative Outcomes (Poster 140, Group 1)
B. Todd Sitzman, MD MPH
Stanford Patient Experience Questionnaire (SPEQ): Care Coordination as a Core Touch Point of Patient Satisfaction in the Chronic Pain Population (Poster 191, Group 2)
Ming-Chih Kao, MD PhD
1:45–2:45 pm
**Opioid Agonist Treatment in the Care of Co-Occurring Pain and Addiction (201)**
This session addresses the rationale and indications for opioid agonist therapy (OAT) of addiction, opioid discontinuation, and opioids aimed at pain in co-occurring pain and addiction, detailing the specifics of OAT, exploring the principles of effective pain management in persons with opioid addiction, as well as the use of evidence-based self-management strategies combined with OAT. In addition, it examines the phenomenology of chronic pain among patients in addiction treatment settings, exploring common mental health comorbidities and coping styles of persons with chronic pain in addiction treatment, and presenting strategies for improving recovery from both chronic pain and addiction.

**Integrating Opioid Agonist Treatment into Multidimensional Care of Co-Occurring Pain and Addiction**
Seddon Savage, MD MS

**Opioid Agonist Treatment of Addiction: Critical Facts for Pain Treatment Providers**
Ellen Edens, MD MPE

**Chronic Pain Treatment in Patients on Opioid Agonist Therapy for Addiction Using Methadone or Buprenorphine**
Declan Barry, PhD

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

**Moderator**
James C. Watson, MD

**IV Cosyntropin Versus Epidural Blood Patch for Treatment of Post Dural Puncture Headache (PDPH) (Poster 220, Group 2)**
Steven Hanling, MD

**A Randomized, Double-Blind, Placebo-Controlled Trial of Stellate Ganglion Block in the Treatment of Posttraumatic Stress Disorder (Poster 126, Group 1)**
Robert McLay, MD

**Pain, Functional, and Behavioral Outcomes in Patients Undergoing Platelet Rich Plasma (PRP) Injection for Cervical and Lumbar Facet Arthropathy (Poster 127, Group 1)**
Roger Moon, MD

**Is Acute Pain Medicine Ready for Markov? Preliminary Testing of Sequential Post-Operative Pain Intensity Transition Matrix Stabilities (Poster 204, Group 2)**
Patrick J. Tighe, MD MS

1:45–2:45 pm
**Contemporary Issues in Analgesic Development (203)**
Providing an overview of the past and current state of analgesic development, this session reviews the weaknesses of the current analgesic development process along with innovative, novel strategies for improvement. In addition, it describes the efforts of the Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION) public-private partnership with the U.S. Food and Drug Administration (FDA) that was created to expedite the discovery and development of better analgesic, anesthetic, and addiction treatments.

**How Did We Get Here, and Where Are We Going?**
Charles E. Argoff, MD

**The Placebo and Nocebo Responses in Analgesic Development: The Good, the Bad, and the Ugly**
Daniel B. Carr, MD MA

**The Way(s) Forward: Innovative Strategies for the Future of Analgesic Development**
John D. Markman, MD

1:45–2:45 pm
**The Interventional Topics Pain Debate—Day 1, Session 1 (204)**
These highly interactive, debate-based sessions review interventional treatment recommendations, providing data from multiple sources, describing current practice, reviewing clinician views of the best-practice recommendations, discussing clinician willingness, and highlighting barriers to implementing change. These sessions also identify and explore discrepancies between current practice and the consensus recommendations, identifying practical considerations for practice implementation.

**Program Co-Chairs (from left): Tim J. Lamer, MD; Timothy R. Deer, MD DABPM; Kenneth D. Candido, MD; Steven P. Cohen, MD**

This is the first of six sessions highlighting interventional treatment options scheduled on Friday and Saturday.

**Current Debates in Interventional Care**

**Introduction**
Tim J. Lamer, MD

**Epideral Steroids**

**Intralaminar ESI: Best Method**
Kenneth D. Candido, MD

**Transforaminal: Best Method**
Timothy P. Maus, MD

**Nonparticulate Steroids: Preferred Injectant**
Tim J. Lamer, MD

**Particulate Steroids: Preferred Injectant**
Steven P. Cohen, MD

**CT or Fluoroscopic Guidance**

**CT Guidance: Preferred Approach for Cervical TFESI**
Timothy P. Maus, MD

**Fluoroscopic Guidance: Preferred Approach for Cervical ESI**
Kenneth D. Candido, MD

**MRI Imaging before Epidural Spinal Injections**

**Should Be Routinely Obtained**
Timothy P. Maus, MD

**Not Routinely Necessary**
Steven P. Cohen, MD
3:45–4:45 pm
Opioid Drugs: Interaction Pitfalls (205)
This multidisciplinary clinical session highlights critical drug-to-drug interactions for medicines that are either prescribed to treat chronic pain (e.g., opioids, SNRIs) or that are commonly prescribed for patients who have chronic pain (e.g., SSRIs, hypnotics, benzodiazepines, atypical antidepressants, antifungals), detailing which combinations of medications either enhance or reduce the strength of opioids. It also explains how to minimize patient risks by using best practices for prescribing and monitoring for adverse effects. Case vignettes illustrate potential drug interaction impacts on physiological, psychological, and behavioral symptoms, interweaving data regarding prescribing trends and pharmacology with case examples of patients who presented with drug interactions that masqueraded as other problems.

Trends in Benzodiazepine and Opioid Coprescription in Primary Care Clinics in the United States, 1997–2010
Ming-Chih Kao, MD PhD
Commonly Prescribed Medications That Interact with Opioids
Elinore F. McCance-Katz, MD PhD
Clinical Vignettes of Opioid Drug-Drug Interactions
Beth D. Darnall, PhD

3:45–4:45 pm
Neuropathic Pain: Pain Mechanisms, Pharmacotherapy, and Interventional Treatment (206)
This session discusses peripheral and central pain mechanisms, as well as evidence-based use of current pharmacotherapeutic agents that target some of the underlying pain mechanisms. In addition, it reviews the evidence-based use of interventional techniques such as neural blockade, neuromodulation with spinal cord stimulation, and intrathecal analgesia and also provides guidelines for the use of these treatment modalities.

Pain Mechanisms and Pharmacotherapy
May L. Chin, MD
Interventional Techniques for Neuropathic Pain
Srinivasa N. Raja, MD

3:45–4:45 pm
The Relationship Between Industry and Pain Societies: Demystification and Legitimization (207)
In this period of intense scrutiny of professional pain societies in regard to their relationships with industry, AAPM and other organizations have been criticized for their conflicts of interest—both actual and perceived. The media have been particularly critical of pain societies and their leaders, suggesting that the strength of the frequent financial ties between industry and pain societies has a deleterious impact on the manner in which their memberships practice. AAPM and its Ethics Council are in the process of taking proactive measures to minimize such conflicts, as well as its membership’s and society’s perception of such conflicts, enhancing AAPM’s confidence in the validity of educational programming and its application to professional practices.

History and Overview of the Industry–Pain Society Relationship
Michael Schatman, PhD
The Industry–Pain Society Relationship: Industry’s Perspective
Marsha Stanton, PhD RN
Moving Toward a Healthier Future: AAPM’s Ethics Council’s Approach to Potential Conflict of Interest
Steven P. Stanos Jr., DO

3:45–4:45 pm
The Interventional Topics Pain Debate—Day 1, Session 2 (208)
The debates and discussions continue. This is the second of six sessions highlighting interventional treatment options scheduled on Friday and Saturday. A complete session description of these interventional programs can be found under session 204 (Friday at 1:45 pm).

Radiofrequency and Imaging in Interventional Pain
Moderator
Tim J. Lamer, MD
Radiofrequency Lesioning
Evidence-Based
Steven P. Cohen, MD
Missing Evidence
Jason E. Pope, MD
Do We Need Ultrasound for Peripheral Joint and Soft Tissue Injections?
Preferred Approach
Stephen J. Wisniewski, MD
Not Routinely Necessary
Jason E. Pope, MD
Personalized Medicine: Are We at the Tipping Point?
Moderator
Timothy R. Deer, MD DABPM
Stem Cell Therapy in Interventional Pain: Ready for Prime Time?
Ready
Timothy T. Davis, MD
Not Ready
David A. Provenzano, MD
PRP for Pain Therapy: Ready for Prime Time?
Ready
Timothy T. Davis, MD
Not Ready
Tim J. Lamer, MD
5–6 pm  
**Medical and Behavioral Management of Patients Undergoing Opioid Cessation (209)**

In the current era of widespread opioid use, there is an increasing need for clinical knowledge about opioid cessation. Although opioid misuse is a well-recognized reason for opioid cessation, a growing proportion of patients are in need of opioid tapering because of their lack of perceived efficacy, the need to relieve intolerable side effects, or their desire to discontinue long-term opioid therapy. This case-based session explores the medical and behavioral management of patients undergoing opioid cessation, providing clinically meaningful approaches to enhance immediate and long-term patient outcomes.

**Medical Management of Opioid Cessation**  
W. Michael Hooten, MD

**Management of Acute Behavioral Problems During Opioid Cessation**  
Jennifer L. Murphy, PhD

**Management of Behavioral Problems Following Successful Opioid Cessation**  
Anthony J. Mariano, PhD

5–6 pm  
**Emerging Rehabilitation Approaches to Phantom Limb Pain. Yes, It’s All in Your Head (210)**

This case-based session reviews recent advancements in the treatment of phantom limb pain (PLP), including “retraining the brain” with a graded motor imagery (GMI) program. It introduces concepts such as neurotags, disinhibition, and body perception disturbance (BDP), as well as the purpose and rationale for GMI and mirror therapy (mirror visual feedback [MVF]). In addition, it reviews a recent randomized trial of wounded soldiers with PLP, which included pre- and post-MVF fMRI studies of the brain, and discusses ongoing research efforts, including work on genetic susceptibility. A demonstration of mirror therapy will also be included.

**Review of Recent Literature and Introduction of a Graded Motor Imagery Program and Mirror Therapy**  
Steven P. Stanos Jr., DO

**Occupational Therapists’ Approach to Using Graded Motor Imagery and Mirror Therapy**  
Elizabeth Gaffron, MOTR/L LMT

**Functional Imagery of Brain Activity Before and After Mirror Therapy**  
Jack Tsao, MD DPhil CAPT MC USN

5–6 pm  
**Stem Cell Therapy for Intervertebral Disc Regeneration: An Evidence-Based Approach for Research and Clinical Application (211)**

This session summarizes the evidence of preclinical animal trials and human clinical trials, with meta-analysis showing significant effect of stem cell transplantation hallmarked by significant increase in disc height, T2 signal intensity, and mRNA expression of type II collagen, while the degeneration grade was significantly decreased with stem cell therapy. It also highlights the advances in basic science research on application of stem cells and tissue-engineering strategies for disc regeneration by the international consortium of European researchers dedicated to IVD regeneration therapy, focusing on the cutting-edge aspects of stem cell and platelet-rich plasma therapy in an office setting.

**The State of Evidence-Based Stem Cell Therapy for IVD Regeneration**  
Wenchun Qu, MD PhD

**Tissue Engineering and Regenerative Medicine Approaches to IVD Degeneration**  
Yang Liu, PhD

**Cutting-Edge Aspects of Stem Cell and PRP Injections in an Office Setting**  
Joseph Purita, MD

5–6:30 pm  
**The Interventional Topics Pain Debate—Day 1, Session 3 (212)**

The debates and discussions continue. This is the third of six sessions highlighting interventional treatment options scheduled on Friday and Saturday. A complete description of these interventional programs can be found under session 204 (Friday at 1:45 pm).

**Controversies in Disc and Bone Treatment and Diagnosis**  
**Moderator**  
Steven P. Cohen, MD

**Value of Lumbar Discography**  
A Valuable Tool  
Nagy A. Mekhail, MD PhD

Should Be Abandoned  
Timothy T. Davis, MD

**Value of Cervical Discography**  
A Valuable Tool  
Nagy A. Mekhail, MD PhD

Should Be Abandoned  
David A. Provenzano, MD

**Is There Value in Kyphoplasty and Vertebroplasty?**  
The Evidence Is Strong and Believable  
Ramsin M. Benyamin, MD

The Evidence Is Controversial and Incomplete  
Michael S. Leong, MD

**Society Guidelines: Are They Valuable?**  
Anticoagulation and Injections: Are ASRA Guides the Standard of Care in Clinical Practice  
They Are the Standard of Care  
David A. Provenzano, MD

They Are Valuable But Not the Standard of Care  
Samer Narouze, MD PhD

NACC: Are Society-Based Guidelines the Standard of Care in Neuromodulation?  
Yes and No: The Evidence  
Jason E. Pope, MD

The Evidence Is an International Document, not a U.S. Standard  
Michael S. Leong, MD
8–9:30 am
The “Chronification” of Pain: Transitional Concepts and Case-Based Care (301)
This case-based session explores the global view of the “chronification” of acute pain, an essential and growing topic along the spectrum of pain care, from a genetic/epigenetic view as well as a population-based burden, focusing on the continued need to bridge this transition with comprehensive pain care. This session delineates basic science and clinical risk factors for treatment. It highlights general clinical and systems-based strategies and ultimately offers an organized map of how to approach challenging pain populations. In focusing on the basic physiology of pain and how it translates to specific nociceptive targets, it also emphasizes the impact of opioid mismanagement in the acute and subacute settings.

The “Chronification” of Pain
Daniel B. Carr, MD MA

Novel Nociceptive Targets Within the Transition from Acute to Chronic Pain
Marc A. Huntoon, MD

Case-Based Management of Acute Pain in Patients with Chronic Pain
Michael L. Kent, MD LCDR MC USN; Patrick J. Tighe, MD MS

8–9:30 am
Platforms for Learning Healthcare Systems: Collaborative Health Outcomes Information Registry (CHOIR) and Pain Assessment and Outcome Registry (PASTOR) (302)
This education session highlights the rationale for learning healthcare systems in pain medicine by exploring two registries implemented at Veterans Health Administration hospitals and at collaborating academic medical centers: the Collaborative Health Outcomes Information Registry (CHOIR) and the Pain Assessment and Outcome Registry (PASTOR). It also explores the Patient Reported Outcomes Measurement Information System and NIH Toolbox—novel outcomes measurement tools funded by the National Institutes of Health and available to the academic community free of charge. In addition, the session describes integration into the CHOIR and PASTOR platforms, as well as the development of CHOIR CAT—a set of novel assessment algorithms based on these instruments.

Moderator
Chester “Trip” Buckenmaier III, MD

Collaborative Health Outcomes Information Registry (CHOIR): Status and Update
Sean Mackey, MD PhD

Pain Assessment and Outcome Registry (PASTOR): Status and Update
Karon F. Cook, PhD

Applications of Patient Registries in Clinical Practice and Research
Ming-Chih Kao, MD PhD

8–9:30 am
American Headache Society Program: Headache—New Understanding and Evolving Management (303)
The American Headache Society will present a series of talks that will focus on migraine and cluster headaches. The society will highlight developments in understanding of the conditions from bench-to-bedside and showcase the very exciting changes in therapy that are being explored for these highly disabling disorders.

Moderator
Lawrence C. Newman, MD

Migraine: A Big Problem—Cycling Through
Richard B. Lipton, MD

Current Understanding of the Pathophysiology of Migraine
Andrew C. Charles, MD

Therapeutic Advances in Migraine: What’s Coming?
Peter J. Goadsby, MD PhD

8–9:30 am
The Interventional Topics Pain Debate—Day 2, Session 1 (304)
The debates and discussions continue. This is the fourth of six sessions highlighting interventional treatment options scheduled on Friday and Saturday. A complete description of these interventional programs can be found under session 204 (Friday at 1:45 pm).

Moderator
Steven P. Cohen, MD

Welcome and Review of Agenda
Kenneth D. Candido, MD

Interventional Pain Techniques Are Less Effective in Workers Compensation Patients
Nagy A. Mekhail, MD PhD

It Is Not Cost Effective and Efficacious to Treat Them
Kenneth D. Candido, MD

The Future of Interventional Pain (IP)
The Specialty of IP Will Strengthen in the Future
Peter S. Staats, MD

The Future Is in Jeopardy as We Know It
Tim J. Lamer, MD

Occipital Nerve Stimulation Has a Place in the Contemporary Treatment of Fibromyalgia and Other Disease States
New Waveforms Will Change the Paradigm
Timothy R. Deer, MD DABPM

EBM Does Not Support This Option at Present
Peter S. Staats, MD

Peripheral Stimulation Has a Place in the Contemporary Treatment of Fibromyalgia and Peripheral Nerve Injury
It’s a Valuable Tool and Should Be Used
Richard G. Bowman II, MD

The Current Devices Are Not Optimal
Tim J. Lamer, MD

Cranial Stimulation for Migraine
New Targets Will Change the Algorithm
Samer Narouze, MD PhD

Current Evidence Is Not Supportive
Nagy A. Mekhail, MD PhD
10:45–11:45 am  
**My Hospital Wants an Acute Pain Service...Cheap! (305)**  
This session reviews administrative challenges related to both the demands for successful outcomes and quality patient care and the costs related to reimbursement, resources, and improvement, across both large tertiary-care facilities and smaller community hospitals. This session provides attendees with a better understanding of their hospital administrators’ objectives in developing an acute pain program and fiscally viable options to match the desired level of service. Finally, the session focuses on the pain assessment and pain therapy domains, providing the rapid rate of publications on multimodal analgesia and particularly addressing long-acting formulations and their application to acute pain patients.  

**Moderator**  
Patrick J. Tighe, MD MS  
**How Does My Hospital Pay for an Acute Pain Service? Matching Resources to Services**  
Kayser Enneking, MD  
**Why Should My Hospital Pay for an Acute Pain Service? New, Evidence-Based Answers for 2015!**  
Edward R. Mariano, MD MAS

**VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.**

10:45–11:45 am  
**The Interventional Topics Pain Debate—Day 2, Session 2 (308)**  
The debates and discussions continue. This is the fifth of six sessions highlighting interventional treatment options scheduled on Friday and Saturday. A complete session description of these interventional programs can be found under session 204 (Friday at 1:45 pm).  

**Moderator**  
Peter S. Staats, MD  
**Ultrasound Guidance Has a Valuable Role in Interventional Spine Injections**  
The Use of Ultrasound Enhances Outcomes  
Mayank Gupta, MD  
**Fluoroscopy Is the Gold Standard at Present**  
Richard G. Bowman II, MD  
**Controversies in Implantable Devices**  
**Burst Versus Tonic Stimulation for Spinal Cord Stimulation**  
The Use of Burst Waveforms Has Promise in the European and Australian Experience  
Timothy R. Deer, MD DABPM  
**Tonic Stimulation Is the Gold Standard**  
Thomas L. Yearwood, MD PhD  
**High Frequency Versus Alternate Stimulation Methods**  
The Use of High Frequency Has Promise in the European and Australian Experience  
Leonardo Kapural, MD PhD  
**Alternates to High Frequency**  
Richard G. Bowman II, MD  
**Dorsal Root Ganglion (DRG) Stimulation Versus Conventional Dorsal Column Spinal Cord Stimulation (SCS)**  
**DRG Stimulation: Applications in Europe and Australia**  
Timothy R. Deer, MD DABPM  
**Conventional SCS Is an Option in Site-Specific Pain**  
Tim J. Lamer, MD

10:45–11:45 am  
**Update on Acupuncture and Other Integrative Medicine Treatments in Pain Medicine (306)**  
Despite new pain medications and advancement in interventional and surgical procedures for chronic pain management, various modalities of complementary and alternative medicine, particularly acupuncture, are increasingly used in acute and chronic pain management. This session provides an update on the effectiveness of acupuncture treatment in pain medicine and reviews the limitations of current assessment tools for acupuncture therapy. In proposing a new set of integrative assessment tools useful to the clinician in evaluating the effectiveness of acupuncture therapy in pain management, the session includes clinical data, psychophysical evaluation, and biomarker assays.  

**Acupuncture Therapy in Pain Medicine: Effectiveness and Assessment**  
Lucy Chen, MD  
**Innovative Assessment Tools for Acupuncture Therapy in Pain Medicine**  
Jianren Mao, MD PhD

10:45–11:45 am  
**Opioid-Induced Hyperalgesia: Menace, Myth, and Methodology (307)**  
Despite the modern increase in the use of opioids for the treatment of nonmalignant chronic pain and increased individual doses, recent human and animal studies have suggested that there may be a paradoxical effect of hyperalgesia from chronic opioid use. This AAPM Research Committee session examines an FDA mandate to study this claim and the response of the pharmaceutical industry to this issue. It reviews the existing data, which do not currently support a phenomenon above and beyond pain sensitization. In addition, the session explores the presentation of new data using established psychometric, psychophysical, and biometric technology that may specifically define, characterize, and be used to study opioid-induced hyperalgesia.  

**Opioid-Induced Hyperalgesia: Menace, Myth, and Methodology**  
R. Norman Harden, MD

2:30–4 pm  
**Ketamine for Acute Post-Operative Pain, Chronic Pain, and Depression: Evidence, Protocols, and Logistics (309)**  
This session explores the indications for ketamine in two distinct settings: postoperatively for acute postsurgical pain and for patients with chronic pain and depression. It discusses the logistics and some examples of protocols for delivering ketamine as a post-operative adjunct for pain control. In addition, the session reviews clinical trials of ketamine for acute post-operative pain, chronic pain, and depression.  

**Moderator**  
Steven Porter, MD  
**Hospital-Wide Perioperative Ketamine**  
Eugene R. Viscusi, MD  
**Ketamine for Acute Perioperative Pain Control: A Review of the Evidence**  
Roy Greengrass, MD  
**Ketamine for Chronic Pain and Depression: A Review of the Evidence**  
Stephen D. Coleman, MD
2:30–4 pm
Headache: The Common, Can’t-Miss, and Interventionally Amenable (310)
This clinical session discusses the classification and diagnosis of headache syndromes with an emphasis on common headaches (migraine, tension type, and chronic daily headache) and provides an update on evidence-based treatments. It explores more serious and sinister causes of headache that often are overlooked because of common presentation and unremarkable basic head imaging. It also discusses history and exam, specialized head imaging diagnosis, and appropriate ancillary testing and referral. Focusing on interventionally amenable headaches, this session reviews appropriate use of onabotulinumtoxinA injections and other interventional and neuromodulatory techniques for treating intractable headaches.

Can’t-Miss Headache Syndromes
James C. Watson, MD
Interventionally Amenable Headache
Samer Narouze, MD PhD
Common Headache Syndromes
Zahid H. Bajwa, MD

2:30–4 pm
The Career and Life in Clinical Pain Research (311)
Clinical research offers clinicians a broad opportunity to help patients but also presents challenges. This session explores National Institutes of Health’s (NIH) fostering and funding of research clinicians and provides a comprehensive understanding of the career of a clinician scientist. Expert panelists provide tips for securing strong mentorship, resources for research and training, and guidance in grant writing for developing a competitive NIH application, as well as for managing clinical endeavors, research, and everyday life. The session reviews various funding mechanisms that help to offset educational loan debt, support individual and institutional fellowships, fund newly trained clinician scientists appointed by an institution, and provide individual K-awards. All individuals interested in research—including medical students, residents, fellows, and those who have completed clinical training—will benefit from attending this session.

Moderator
Yu “Woody” Lin, MD PhD
The Career of a Clinician Scientist in Pain Research
Sean Mackey, MD PhD
NIH Individual and Institutional Awards for Predoctoral and Postdoctoral Fellows
Beth G. Babek, MA
NIH Loan Repayment Program
Ericka Boone, PhD
The Transition from Mentored Research to Independence
Mimi Ghim, PhD
To Succeed at the Early Stage of Clinician Scientist
Jennifer M. Hah, MD MS
The NIH Peer-Review and Referral Processes
Lee S. Mann, PhD

2:30–4 pm
The Interventional Topics Pain Debate—Day 2, Session 3 (312)
The debates and discussions continue. This is the last of six sessions highlighting interventional treatment options scheduled on Friday and Saturday. A complete description of these interventional programs can be found under session 204 (Friday at 1:45 pm). This session includes a patient vignette, as well as a didactic presentation on improving neuropathic pain patient outcomes.

Moderator
Timothy R. Deer, MD DABPM
Peripheral Field Stimulation (PNS) Versus Spinal Cord Stimulation for Low Back Pain
PNS Is a Safer Option
Jason E. Pope, MD
Conventional SCS Is the Standard of Care
Thomas L. Yearwood, MD PhD
Intrathecal Analgesia for Non-Palliative Care
Pro
Jason E. Pope, MD
Con
Mayank Gupta, MD
Patient Vignette with Complex Chronic Back Pain
SCS Versus Intrathecal Versus Pain Rehabilitation

Moderator
Tim J. Lamer, MD
Pain Rehabilitation
W. Michael Hooten, MD
SCS
Kenneth D. Candido, MD
IDDS
Timothy R. Deer, MD DABPM
Improving Outcomes of Neuropathic Pain
Jianguo Cheng, MD PhD
**CONCURRENT SESSIONS**

**4:15–5:45 pm**

**Optimizing Pain Treatment Outcomes Through Treating Catastrophizing and Utilization of Multidisciplinary Pain Programs (313)**

This session reviews the mechanisms of pain catastrophizing and its impact on pain, treatment response, and patient behavior—helping the practitioner identify and screen for pain catastrophizing, refer for treatment for catastrophizing, and discuss patient treatment options and appropriate treatment timing. The session also identifies the need to modify current multidisciplinary pain programs (MDPPs) with the changing reimbursement system, especially in light of third-party denial of services. In reviewing three different MDPPs, this session identifies how the programs have been adjusted in order to survive in the current economic environment.

**Moderator**

Martin Grabois, MD

**Introduction**

Beth D. Darnall, PhD

**Pain Catastrophizing: Who, How, When, and New Directions**

Robert R. Edwards, PhD

**Stop Pain Catastrophizing from Undermining Your Patient Outcomes**

Beth D. Darnall, PhD

**Pain Rehabilitation in the Stepped-Care Model: Bottom-Up and Top-Down**

Rolin M. Gallagher, MD MPH

**Interdisciplinary Pain Treatment Programs: Conquering Past Challenges and Future Strategies for Improving Long-Term Rehabilitation and Value in the Evolving Healthcare Environment**

Steven P. Stanos Jr., DO

Memorial Hermann Pain Prevention and Recovery Program: An Innovative Outpatient and Reimbursable Outpatient MDPP That Provides Detoxification and Strategies to Manage Pain

James S. Flowers, PhD LPC-S

**4:15–5:45 pm**

**Integrating Interventional Pain Medicine into Community-Based Hospice and Palliative Care (314)**

This interdisciplinary session explores the need for the development and implementation of interventional pain medicine expertise within a community-based hospice and palliative care program. Problematic pain conditions associated with this pain population include severe and difficult-to-control pain resulting from advanced cardiac, renal, neurodegenerative, and pulmonary diseases, as well as HIV and the spectrum of metastatic cancers and their treatments. It also provides initial data on utilization and financial sustainability of this service, allowing healthcare providers to adequately treat pain while maintaining or improving functional capacities and quality of life.

**A Call for Bridging the Gap Between Pain Medicine and Hospice and Palliative Care**

Perry G. Fine, MD

**Envisioning and Building a Sustainable Enterprise**

Malene Davis, MSN

**Outcomes of the Interventional Pain Medicine Practice**

Michael Byas-Smith, MD

**4:15–5:45 pm**

**Battlefield Acupuncture Training (315)**

Battlefield acupuncture (BFA), a unique auricular acupuncture technique, was developed to rapidly reduce pain in minutes. The technique is being taught throughout the Department of Defense and Veterans Health Administration as a nonpharmacological pain management technique with uses in a variety of clinical settings. BFA also is being used as the initial introduction of many clinicians to the benefits of acupuncture in federal medicine practice. This session explores the history of acupuncture, evidence basis of BFA, clinical trials, patient selection, contraindications, 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.

A Practical Training Approach to Battlefield Acupuncture

Chester “Trip” Buckenmaier III, MD

**Hands-On Assistants**

Chester “Trip” Buckenmaier III, MD; Michael L. Kent, MD LCDR MC USN; Laura L. McGhee, PhD; additional faculty TBD

**4:15–5:45 pm**

**Pain Psychology 101: Understanding the Role of Psychology in Pain Medicine (316)**

This clinical session offers both an introduction to the role of psychology for providers with limited exposure to this area and a review for those already familiar with this aspect of interdisciplinary treatment. Providing a broad perspective on the role of psychology in the etiology, maintenance, and exacerbation of pain, this session also reviews specific treatment strategies and research supporting its use. In addition, the session provides resources that facilitate incorporation of psychological approaches in geographic areas with limited access to mental health practitioners.

**Fundamentals of Pain Psychology**

Ravi Prasad, PhD

**Psychological Interventions in Pain Medicine**

Heather Poupore-King, PhD
SUNDAY, MARCH 22

8:30–9:30 am
The Differentiation of Shoulder Versus Neck as a Source of Pain in the Upper Body (401)
This clinical session reviews history, physical exam, treatment attempts, and diagnostic procedures for the neck and shoulder to help clinicians determine the correct source of upper-quadrant pain. Clinicians attending this session will improve their ability to differentiate the primary pathology of upper-quadrant pain as primary shoulder pathology or cervical spine pathology, allowing them to provide more specific and directed care to the most appropriate area.

Structural and Functional Examination of the Cervical and Thoracic Spine
James W. Atchison, DO
Functional Examination of the Shoulder and Correlation with Treatment and Injection Options
D. J. Kennedy, MD

8:30–9:30 am
Clinical Pearls: Opioids (402)
Opioids are commonly prescribed for pain and addiction. Many patients receiving opioids have both pain and an opioid use disorder (OUD). A major goal of opioid therapy is to minimize adverse outcomes from opioids while treating pain, addiction, or both. This Clinical Pearls session discusses how buprenorphine may help treat pain and/or OUD while mitigating some of the risks seen with other opioids used to treat both conditions. In addition, this session provides critical information on mitigating regulatory sanctions to prescribers.

Moderator
Lynn R. Webster, MD
Buprenorphine for Chronic Pain: Utility and Common Misconceptions
Andrea Rubinstein, MD
Treating with Opioids: Risk Management Strategies for Prescribers
Richard L. Stieg, MD

8:30–9:30 am
Parameters of Interprofessional Pain Team Functioning (403)
In examining the current state and level of team functioning, this session identifies areas that may be barriers to effective functioning, such as power and conflict dynamics, resource-related educational and organizational issues, stress, and lack of integration. This innovative session draws upon the expertise of researchers developing an interprofessional pain-centric metric and evaluates how these teams function as groups in order to assess leadership, communication, goals, tasks, conflict, and coordination.

Measuring Interprofessional Pain Team Functioning
Ylisabryth Bradshaw, DO; Sharan L. Schwartzberg, EdD OTR; Sara Y. Tian, BS OTS

9:45–10:45 am
Knee Pain: What to Do on the Exam (Rather Than Just Ordering an MRI) When It Hurts by Itself (404)
In diagnosing to prescribe effective treatment, it is first necessary to determine whether the knee problem is primarily at the individual joint level or part of a larger issue related to neuropathic sensitization patterns that affect more than the localized findings. This session reviews the epidemiology of knee pain and emphasizes the most common abnormalities that present to physicians for treatment. It also describes many benign conditions that should be identified through physical examination in order to be treated with the correct physical therapy programs. Finally, the session details how the examination should help rule out more severe abnormalities and/or can be used to correlate with MRI scan findings that may contain multiple abnormalities with the aging knee.

The Most Common Complaints of Knee Pain That Present in the Office
James W. Atchison, DO
Essential Physical Examination of the Knee: Determining Internal Versus External Musculoskeletal Problems
D. J. Kennedy, MD
Sensory Examination of a Patient with Knee Pain: Determining Possible Peripheral Versus Central Sensitization
R. Norman Harden, MD

9:45–10:45 am
Clinical Pearls of Pain Medicine (405)
If you are looking for a fast-paced, targeted, interactive approach to emerging topics in pain medicine, look no further. This Clinical Pearls session is the quickest and most efficient way to cover key concepts on multiple emerging topics within pain medicine, exploring three promising important treatment topics of particular interest to pain clinicians.

Psychiatric Aspects in Performing Pain Procedures
Ajay D. Wasan, MD MSc
Novel CT-Guided Blocks to Treat Orofacial Neuralgias
Xiang Qian, MD PhD
Poststroke Pain Syndromes: Upper-Extremity and Central Pain
Martin Grabois, MD
**9:45–10:45 am**

**“Flipping the Curriculum” in Pain Education (406)**

Medical schools in the United States and elsewhere are in the process of “flipping the curriculum,” requiring students to learn basic facts and formulas as preclass homework, then coming to the classroom ready for team-based and case-based learning, ultimately providing an opportunity for pain education to be introduced earlier and more effectively into pregraduate medical student education.

This interactive session discusses the University of Washington School of Medicine’s recently introduced case-based “flipped curriculum” that will replace its previous pharmacology course. This curriculum introduces principles of opioid management, anti-inflammatories, the roles of antidepressant and anticonvulsant pharmacological principles of sickle cell disease, neuropathic pain, fibromyalgia diagnosis and pharmacological treatment, nondrug treatment, and multidisciplinary pain care. The expert panel previews the process of curriculum revision in general while also discussing the challenges and opportunities now available as medical schools nationally restructure their entire curriculum.

“Flipping the Curriculum” in Pain Education
David J. Tauben, MD
Flipping the Pain Curriculum
Ellen Cosgrove, MD; Beth B. Murinson, MD PhD

**11 am–Noon**

**Opioids Prescription Declines in Primary Care Practice After Advanced Virtual Training: A 3-Year Evaluation of Project SCAN-ECHO in a Tertiary Veterans Affairs Facility (407)**

This session discusses Project SCAN-ECHO, an innovative project that leverages video-teleconferencing technology to share best practices between primary care physicians in rural areas and specialists in a major tertiary-care center. It provides 3-year follow-up data on all opioid prescriptions written in two tertiary Veterans Affairs facilities, demonstrating that this method of knowledge transfer is effective in changing primary care provider practices as measured by a significant change in opioid prescription choices, as well as a reduction in the total number of opioid prescriptions in the facility where this intervention occurred. In addition, the faculty panel will detail their experiences and perspectives resulting from this effective program.

A 3-Year Retrospective Review of Opioids Prescription in Primary Care
Subsequent to Project SCAN-ECHO
Ali S. Mchaourab, MD
How We Reduced Opioid Use Through Knowledge Acquisition: A Primary Care Perspective
Robert Angelo, MD
Introducing Behavioral Medicine Strategies to Primary Care Providers in the SCAN-ECHO Project
Cynthia P. Van Keuren, PsyD

**11 am–Noon**

**Clinical Pearls: Medical Marijuana and Cannabinoids (408)**

“Medical cannabinoids” are an often misunderstood potential tool in the armamentaria of physicians who treat pain. This Clinical Pearls session addresses the basic science behind medical cannabinoids, problems with “medical marijuana” in its current form in regard to safety and efficacy, and the exciting emergent literature on the potential of one of the many cannabinoids in marijuana—cannabidiol—to have a transformative effect on pain medicine as it is practiced today.

Basic Science of Medical Cannabinoids: Understanding the Building Blocks
E. Alfonso Romero-Sandoval, MD PhD
Medical Cannabis: Is It Safe and Effective in Its Current Form?
Binit J. Shah, MD
Cannabidiol: The Most Relevant Cannabinoid in Pain Medicine
Michael Schatman, PhD

**11 am–Noon**

**Bladder Pain Syndrome/Interstitial Cystitis: The Role of the Pain Medicine Specialist (409)**

This session examines the latest research in bladder pain syndrome/interstitial cystitis (BPS/IC) in the context of epidemiology, risk factors, and etiology to aid in the diagnosis of this condition. It reviews nonbladder syndromes associated with BPS/IC and discusses the latest results from the Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network, as well as the American Urological Association guidelines that identify this as a chronic pain condition for which multidisciplinary management and referral to a pain medicine specialist may be necessary to maximize function and minimize pain.

The Role of the Pain Medicine Specialist in the Diagnosis and Treatment of Bladder Pain Syndrome/Interstitial Cystitis
Jennifer M. Hah, MD MS
The Evolution of Bladder Pain Syndrome/Interstitial Cystitis: Epidemiology, Risk Factors, and Etiology
Daniel J. Clauw, MD
Farshad M. Ahadian, MD  
Medical Director, Center for Pain Medicine  
University of California–San Diego  
Boston Scientific, Vertiflex (research grant to my institution–principal investigator)  

Ericka Boone, PhD  
Health Science Administrator  
Office of Science Policy and Communication  
National Institute on Drug Abuse  
No relevant financial relationships  

Lucy Chen, MD  
Department of Anesthesia, Critical Care and Pain Medicine  
Massachusetts General Hospital  
No relevant financial relationships  

Robert Angelo, MD  
Clinical Manager, COPS  
Louis Stokes Cleveland VA Medical Center  
No relevant financial relationships  

Richard G. Bowman II, MD  
Interventional Pain Medicine Center for Pain Relief, Inc.  
No relevant financial relationships  

Jianguo Cheng, MD PhD  
Professor and Program Director  
Pain Management and Neurosciences  
Cleveland Clinic Foundation  
No relevant financial relationships  

Charles E. Argoff, MD  
Director, Comprehensive Pain Center  
Albany Medical College  
Allergan, Mallinckrodt (honorarium–speaker’s bureau); Daiichi Sankyo, Nektar Therapeutics, Purdue Pharma, Recro, Teva (honorarium–consultant); Depomed, Iroko, Xenport (honorarium–consultant/speaker’s bureau); Eli Lilly, Endo Pharmaceuticals, Forest Labs (research grant to institution–principal investigator); Jansen, Pfizer (honorarium–consultant, stock–stock holder)  

Ylisabyth Bradshaw, DO  
Academic Director, Pain Research Education & Policy Program  
Tufts University School of Medicine  
No relevant financial relationships  

May L. Chin, MD  
Co-Director  
George Washington University Pain Center  
No relevant financial relationships  

James W. Atchison, DO  
Medical Director, Center for Pain Management  
Physical Medicine and Rehabilitation  
Rehabilitation Institute of Chicago  
Janssen, Mallinckrodt (advisory board member)  

Chester “Trip” Buckenmaier III, MD  
Associate Professor, Anesthesiology  
Uniformed Services University of the Health Services  
No relevant financial relationships  

Daniel J. Clauw, MD  
Director, Chronic Pain & Fatigue Research Center  
University of Michigan Health System  
Ceraphex, Johnson & Johnson, Lilly Corp, Merck, Tonix, Pfizer, Purdue University, Theravance (honorarium–consultant); Forest (CE educational grant–consultant); Nuvo (educational grant–consultant)  

Zahid H. Bajwa, MD  
Director, Boston Headache Institute  
Boston PainCare  
Allergan (honorarium–consultant); Depomed, Kaleo (honorarium–advisory board member)  

Kenneth D. Candido, MD  
Chairman, Department of Anesthesiology and Pain Management  
Advocate Illinois Masonic Medical Center  
No relevant financial relationships  

Stephen D. Coleman, MD  
Clinical Assistant Professor, Anesthesiology, Perioperative and Pain Medicine  
Stanford University  
No relevant financial relationships  

Declan Barry, PhD  
Assistant Professor, Psychiatry  
Yale University School of Medicine  
No relevant financial relationships  

Michael Byas-Smith, MD  
Palliative Care  
Capital Caring  
No relevant financial relationships  

Steven P. Cohen, MD  
Director of Medical Education and Quality Improvement, Pain Management Division  
Johns Hopkins Hospital  
Kimberly Clark (honorarium–advisory board member); Semmir (honorarium–consultant)  

Karon F. Cook, PhD  
Research Associate Professor, Medical Social Sciences  
Northwestern University Feinberg School of Medicine  
No relevant financial relationships  

Ramsin M. Benyamin, MD  
President, American Society of Interventional Pain Physicians  
Millennium Pain Center  
Boston Scientific (research grant to my private practice–principal investigator); Integral Spine Solutions (no compensation received–stock holder); Kimberly Clark, Vertos Medical (honorarium–consultant)  

Andrew C. Charles, MD  
Professor, Neurology  
University of California Los Angeles School of Medicine  
Amgen, eNeura, St. Jude Medical (honorarium–advisory board member); Takeda Pharmaceuticals (research grant to my institution–principal investigator)  

Ellen Cosgrove, MD  
Professor, Medicine  
University of Nevada–Las Vegas  
No relevant financial relationships  

Faculty disclosures can be viewed on the AAPM website at www.painmed.org/annualmeeting
<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Affiliations</th>
<th>Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth D. Darnall, PhD</td>
<td>Clinical Associate Professor, Anesthesiology, Perioperative, and Pain Medicine</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Malene Davis, MSN</td>
<td>President and CEO, Capital Hospice</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Timothy T. Davis, MD</td>
<td>Medical Director, Orthopedic Pain Specialists</td>
<td></td>
</tr>
<tr>
<td>Ellen Edens, MD, MPE</td>
<td>Co-Director, VA Connecticut Opioid Reassessment Clinic</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Robert R. Edwards, PhD</td>
<td>Associate Professor, Anesthesiology</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Kayser Enneking, MD</td>
<td>Professor, Anesthesiology, University of Florida–Gainesville</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Stephan M. Esser, MD</td>
<td>Non-Operative Sports Medicine &amp; Spine Specialist, Heekin Orthopedic Specialists</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Perry G. Fine, MD</td>
<td>Professor, Anesthesiology, University of Utah, Capital Caring (salary/consulting fees–consultant)</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Scott M. Fishman, MD</td>
<td>Charles and Patricia Fullerton Endowed Chair in Pain Medicine Professor, Anesthesiology and Pain Medicine, Chief, Division of Pain Medicine Executive Vice Chair, Department of Anesthesiology and Pain Medicine, University of California, Davis School of Medicine (author/editor–book royalties); (honorarium–speaker on cme conferences)</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Elizabeth Gaffron, MOTR/L LMT</td>
<td>Occupational Therapist, Allied Health, Rehabilitation Institute of Chicago Center for Pain Management</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Rollin M. Gallagher, MD MPH</td>
<td>Clinical Professor, Psychiatry and Anesthesiology, Philadelphia VA Medical Center</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Mimi Ghim, PhD</td>
<td>Deputy Coordinator, Research Training, Office of Science Policy and Communications, National Institute on Drug Abuse</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Peter J. Goadsby, MD PhD</td>
<td>Professor, Anesthesiology, University of California, San Francisco</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Martin Grabois, MD</td>
<td>Professor, Physical Medicine and Rehabilitation, Baylor College of Medicine</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Roy Greengrass, MD</td>
<td>Professor, Anesthesiology, Regional Anesthesia, Mayo Clinic</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Mayank Gupta, MD</td>
<td>Pain Physician, Anesthesiology Professionals, P.A., Boston Scientific (research grant to my institution–principal investigator)</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Jennifer M. Hah, MD MS</td>
<td>Instructor, Anesthesiology, Perioperative, and Pain Medicine, Stanford University</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Steven Hanling, MD</td>
<td>US Navy Pain Medicine Specialty Leader</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>R. Norman Harden, MD</td>
<td>Director, Center for Pain Studies, Rehabilitation Institute of Chicago, Forest, Mallinckrodt (research grant to my institution–principal investigator)</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Bryan C. Hoelzer, MD</td>
<td>Assistant Professor and Physician, Mayo Clinic</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>W. Michael Hooten, MD</td>
<td>Professor, Anesthesiology, Division of Pain Medicine, Mayo Clinic</td>
<td>No relevant financial relationships</td>
</tr>
<tr>
<td>Marc A. Huntoon, MD</td>
<td>Chief, Division of Pain Medicine, Vanderbilt University, CNS Therapeutics (research grant to my institution–other); Spinal Modulation (research grant to my institution–principal investigator)</td>
<td>No relevant financial relationships</td>
</tr>
</tbody>
</table>
VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.

AAPM FACULTY LIST AND DISCLOSURES

William P. McRoberts, MD
Medical Director, Interventional Spine and Pain Medicine
Holy Cross Hospital
No relevant financial relationships

Matthew J. Pingree, MD
Assistant Professor, Department of Physical Medicine and Rehabilitation
Mayo Clinic
No relevant financial relationships

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

Nagy A. Mekhail, MD PhD
Director, Evidence-Based Pain Medicine Research and Education
Cleveland Clinic
No relevant financial relationships

Jason E. Pope, MD
Medical Director, Teays Valley Center for Pain Relief Center for Pain Relief, Inc.
Flownvx, Jazz Pharmaceuticals, Medtronic, Spinal Modulation, St. Jude (hourly rate–consultant)

E. Alfonso Romero-Sandoval, MD PhD
Associate Professor and Director of Research—Pharmaceutical and Administrative Sciences
Presbyterian College School of Pharmacy
No relevant financial relationships

Susan M. Moeschler, MD
Assistant Professor, Anesthesiology
Mayo Clinic
No relevant financial relationships

Steven Porter, MD
Assistant Professor, Anesthesiology
Mayo Clinic
No relevant financial relationships

Andrea Rubinstein, MD
Chief, Department of Chronic Pain
Kaiser Permanente
No relevant financial relationships

Roger Moon, MD
Resident Physician
Stony Brook University Hospital
No relevant financial relationships

Heather Poupore-King, PhD
Pain Psychologist, Anesthesiology
Stanford University Medical Center
No relevant financial relationships

Seddon Savage, MD MS
Medical Director, Chronic Pain & Recovery Center,
Silver Hill Hospital
Geisel School of Medicine at Dartmouth
No relevant financial relationships

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

Ravi Prasad, PhD
Clinical Associate Professor, Anesthesia
Stanford Pain Management Center
No relevant financial relationships

Michael Schatman, PhD
Executive Director
Foundation for Ethics in Pain Care
INSYS Therapeutics, Zogenix (honorarium–advisory board member)

Jennifer L. Murphy, PhD
Clinical Director, Chronic Pain Rehabilitation Program
James A. Haley VA Medical Center
No relevant financial relationships

David A. Provenzano, MD
President
Pain Diagnostics and Interventional Care
Kimberly-Clark, Medtronic, St. Jude Medical (honorarium–consultant)

LTG (ret) Eric B. Schoomaker, MD PhD USA
Scholar-in-Residence
Distinguished Professor of Military & Emergency Medicine
Uniformed Services University of the Health Sciences
No relevant financial relationships

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

Joseph Purita, MD
Medical Director
The Institute of Regenerative and Molecular Orthopaedics (IRMO)
No relevant financial relationships

Sharan L. Schwartzberg, EdD OTR
Professor, Occupational Therapy
Tufts University
No relevant financial relationships

Lawrence C. Newman, MD
Director, The Headache Institute
Mt. Sinai-Roosevelt Hospital Center
No relevant financial relationships

Xiang Qian, MD PhD
Clinical Assistant Professor, Pain Management Center
Stanford University
No relevant financial relationships

Joe V. Selby, MD MPH
Executive Director
Patient-Centered Outcomes Research Institute (PCORI)
No relevant financial relationships

Einar Ottestad, MD
Clinical Assistant Professor
Department of Anesthesiology, Perioperative and Pain Medicine
Stanford University School of Medicine
No relevant financial relationships

Wenchun Qu, MD PhD
Senior Associate Consultant, Departments of PM&R and Pain Medicine
Mayo Clinic
No relevant financial relationships

Binit J. Shah, MD
Psychiatrist
Mana Medical, Inc.
Buckeye Community Health (in-kind financial benefit–consultant); Medtronic Inc. (honorarium–consultant)

Amol Patwardhan, MD PhD
Assistant Professor, Anesthesiology
University of Arizona
No relevant financial relationships

Srinivasa N. Raja, MD
Professor, Anesthesiology and Critical Care Medicine
Johns Hopkins Hospital
Medtronic Inc. Research grant to my institution–principal investigator; QRPharma (salary–consultant)
Hariharan Shankar, MD  
Director, Pain Clinic  
Zablocki VA Medical Center  
Program Director, Pain Medicine Fellowship  
Program  
Medical College of Wisconsin  
Mallinckrodt Pharmaceuticals (honorarium–consultant)  

Richard L. Stieg, MD  
Neurologist  
Private Practice, Aurora, CO  
Swedish Medical Center  
Denver, CO  
No relevant financial relationships  

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

B. Todd Sitzman, MD MPH  
Medical Director  
Advanced Pain Therapy, PLLC  
No relevant financial relationships  

James C. Watson, MD  
Consultant, Departments of Neurology and Anesthesiology  
Mayo Clinic  
No relevant financial relationships  

Konstantin V. Slavin, MD  
Professor, Neurosurgery  
University of Illinois at Chicago Medical Center  
Bioness, Boston Scientific, Greatbatch, Karger, Medtronic, Nevro, St. Jude Medical, Wiley (honorarium–consultant)  

Lynn R. Webster, MD  
Vice President, Scientific Affairs  
PRA International  
AcelRx Pharmaceuticals, Collegium Pharmaceuticals, Inspirion Pharmaceuticals, INSYS Therapeutics, Mallinckrodt Pharmaceutical, Nektar Therapeutics, Orexo Pharmaceuticals, Teva Pharmaceuticals (honorarium–advisory board member); Acura Pharmaceuticals, AstaZeneca, BioDelivery Sciences International (BDSI), CVS Caremark, Medtronic, Neura Therapeutics, Nevro Corporation, Quintiles, Shionogi (honorarium–consultant); PRA International (salary–employee); QRx Pharma (travel support–consultant)  

Peter S. Staats, MD  
Physician, Anesthesiology and Pain Medicine  
Premier Pain Centers  
Bioness, Saluda Medical, Spinal Modulation, Vertos Medical (research grant to my institution–principal investigator); Boston Scientific (research grant to my institution–principal investigator, honorarium–consultant); Electrocore Medical, Premier Pain Centers, Stimwave (ownership interest–board of directors); Medtronic, St. Jude (honorarium–consultant); Neurogesx (money and option–patient)  

Steven C. Stanos Jr., DO  
Medical Director, Occupational Medical Services  
Swedish Spine Sports and Musculoskeletal Medicine  
Mallinckrodt, Pfizer, Zogenix (honorarium–advisory board member); MyMatrixx (honorarium–consultant)  

Jack Tsao, MD DPhil CAPT MC USN  
Professor, Neurology and Physical Medicine and Rehabilitation  
Uniformed Services University of the Health Sciences  
No relevant financial relationships  

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

Sara Y. Tian, BS OTS  
Occupational Therapist  
Tufts University  
No relevant financial relationships  

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

Cynthia P. Van Keuren, PsyD  
Psychologist, Pain Management  
Louis Stokes VA Medical Center  
No relevant financial relationships  

Eugene R. Viscusi, MD  
Assistant Professor, Physical Medicine and Rehabilitation  
Mayo Clinic  
No relevant financial relationships  

Marsha Stanton, PhD RN  
Executive Director, Medical Affairs, Program Development  
Zogenix, Inc.  
Zogenix, Inc. (salary–employee)  

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

David J. Tauben, MD  
Chief, Division of Pain Medicine  
University of Washington  
No relevant financial relationships  

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

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

James C. Watson, MD  
Consultant, Departments of Neurology and Anesthesiology  
Mayo Clinic  
No relevant financial relationships  

Konstantin V. Slavin, MD  
Professor, Neurosurgery  
University of Illinois at Chicago Medical Center  
Bioness, Boston Scientific, Greatbatch, Karger, Medtronic, Nevro, St. Jude Medical, Wiley (honorarium–consultant)  

Lynn R. Webster, MD  
Vice President, Scientific Affairs  
PRA International  
AcelRx Pharmaceuticals, Collegium Pharmaceuticals, Inspirion Pharmaceuticals, INSYS Therapeutics, Mallinckrodt Pharmaceutical, Nektar Therapeutics, Orexo Pharmaceuticals, Teva Pharmaceuticals (honorarium–advisory board member); Acura Pharmaceuticals, AstaZeneca, BioDelivery Sciences International (BDSI), CVS Caremark, Medtronic, Neura Therapeutics, Nevro Corporation, Quintiles, Shionogi (honorarium–consultant); PRA International (salary–employee); QRx Pharma (travel support–consultant)  

Peter S. Staats, MD  
Physician, Anesthesiology and Pain Medicine  
Premier Pain Centers  
Bioness, Saluda Medical, Spinal Modulation, Vertos Medical (research grant to my institution–principal investigator); Boston Scientific (research grant to my institution–principal investigator, honorarium–consultant); Electrocore Medical, Premier Pain Centers, Stimwave (ownership interest–board of directors); Medtronic, St. Jude (honorarium–consultant); Neurogesx (money and option–patient)  

Sara Y. Tian, BS OTS  
Occupational Therapist  
Tufts University  
No relevant financial relationships  

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

Jack Tsao, MD DPhil CAPT MC USN  
Professor, Neurology and Physical Medicine and Rehabilitation  
Uniformed Services University of the Health Sciences  
No relevant financial relationships  

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

Marsha Stanton, PhD RN  
Executive Director, Medical Affairs, Program Development  
Zogenix, Inc.  
Zogenix, Inc. (salary–employee)  

Eugene R. Viscusi, MD  
Assistant Professor, Physical Medicine and Rehabilitation  
Mayo Clinic  
No relevant financial relationships  

Faculty disclosures can be viewed on the AAPM website at www.painmed.org/annualmeeting
CME SATELLITE SYMPOSIA

SATURDAY, MARCH 21

6:45–7:45 am
Opioid-Induced Constipation: Proactive Diagnosis and Targeted Management*

(Breakfast sponsored by AAPM will be provided from 6:15–6:45 am)

This Interactive Exchange™ program comprises a series of multimedia educational modules focusing on the pathophysiology, assessment, and management of opioid-induced constipation (OIC). In addition to a 3D animation detailing the effects of opioid receptor activation in the gastrointestinal tract, expert faculty will discuss time-efficient methods to assess and document bowel function over time, prophylactic regimens for patients starting on opioid therapy, and newer medications that have been specifically shown to improve constipation symptoms in opioid-treated patients. Throughout the program, attendees will be encouraged to help shape illustrative case studies, engage with faculty to overcome barriers to good patient outcomes, and ask questions about other complications that arise in daily practice.

Faculty
Brooks Cash, MD
Professor, Internal Medicine
University of South Alabama Health System
Digestive Health Center

Anthony J. Lembo, MD
Associate Professor of Medicine
Director, GI Motility Laboratory
Harvard Medical School
Beth Israel Deaconess Medical Center

Jeffrey A. Gudin, MD
Director, Pain Management and Wellness Center
Englewood Hospital and Medical Center

Educational Objectives
After completing this activity, the participant should be better able to

• evaluate baseline bowel habits, risk factors for OIC development, and ongoing changes in bowel function in patients on long-term opioid therapy

• implement a prophylactic treatment plan to address OIC concurrent with the initiation of opioid therapy

• analyze current pharmacotherapies for OIC based on mechanisms of action and data on efficacy and safety

• tailor treatment regimens for patients experiencing OIC according to symptom severity, past treatment responses, and patient preferences

• collaborate with PCPs and other providers to ensure that opioid-treated patients are routinely assessed for changes in bowel habits.

Physician Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Global Education Group (Global) and Integritas Communications. Global is accredited by the ACCME to provide continuing medical education for physicians.

* This CME/CE activity complies with all requirements of the federal Physician Payment Sunshine Act. If a reportable event is associated with this activity, the accredited provider managing the program will provide the appropriate physician data to the Open Payments database.

Physician Credit Designation
Global Education Group designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity is funded by AstraZeneca.
NON-CME SATELLITE SYMPOSIA
WEDNESDAY, MARCH 18

Noon–1 pm
Pain Matters: Patient and Provider Perspectives on Pain Management
(Lunch sponsored by AAPM will be provided from 11:30 am–Noon)
This program features a screening of “Pain Matters,” a Discovery Channel documentary, followed by a panel discussion with individuals from the film exploring patient and provider perspectives on pain management.

THURSDAY, MARCH 19

6:15–7:15 am
Importance of Pharmacogenetics in Predicting Opioid Risk
(Breakfast sponsored by AAPM will be provided from 6–6:15 am)
Pain management necessitates a series of critical considerations to be made by physicians. Practitioners must accurately assess pain, choose appropriate therapies, and optimize medication dosage. Moreover, screening for patients at risk of opioid abuse or misuse is of paramount importance because of skyrocketing healthcare costs and emergency department visits resulting from nonmedical use of prescription opioids. These evaluations are difficult to make accurately due to their inherent subjectivity. The goal of this symposium is to introduce and provide supporting data for genetic tests designed to objectively guide clinical decisions in screening for opioid contraindications, improving medication efficacy, and avoiding adverse drug events.

Faculty
Abraham Cherrick, MD
Lynn Webster, MD
Sanford Silverman, MD
Daniel Kendall, DO

Educational Objectives
Although the role of polymorphisms in drug metabolizing enzymes (e.g., cytochrome P450) is well established and accepted by the medical community and payers, the importance of pharmacogenetics in assessing pain perception, response to opioids, and risk of addiction is less known. Education in this field can aid physicians in understanding the use of genetic testing to improve patient’s care.

Noon–1 pm
When Seconds Count, Will Your Patients Be Ready? Starting the Conversation About Opioid Overdose
(Lunch sponsored by AAPM will be provided from 11:30 am–Noon)
Prescription opioid deaths have reached epidemic levels in the past decade, and a large proportion are unintentional overdoses among patients prescribed opioids for chronic pain. As one solution to prevent opioid overdose-related deaths, SAMHSA recommends that providers consider prescribing naloxone along with the initial opioid prescription for patients at risk for opioid overdose and help patients create an “overdose plan” to share with family, friends, and caregivers. Therefore, it is vital that providers can identify the range of risk factors for opioid overdose and effectively communicate with patients about opioid overdose. This symposium will help providers identify at-risk patients, provide guidance on how to utilize naloxone to prevent overdose fatalities, and communicate with patients about opioid overdose in a positive, safety-focused manner that reduces stigma and fosters trust.

Faculty
Michael J. Brennan, MD
The Pain Center of Fairfield
Senior Attending Physician, Department of Medicine
Bridgeport Hospital
Associate Director, Chronic Pain and Recovery Program
Silver Hill Hospital
Jeffrey A. Gudin, MD
Director
Pain Management and Wellness Center
Englewood Hospital and Medical Center
Eric Edwards, MD PhD (moderator)
Chief Medical Officer and Vice President of Research and Development
Kaléo

Educational Objectives
By participating in this session, attendees can expect to achieve the following objectives:
• Cite evidence for the scope of the opioid overdose problem in the United States.
• Identify risk factors for opioid overdose and the spectrum of at-risk patients.
• Formulate a strategy to address opioid overdose in at-risk patients.

This activity is funded by Kaléo.
FRIDAY, MARCH 20

6:45–7:45 am
Old Problems, New Challenges: What’s Next for People in Pain
(Breakfast sponsored by AAPM will be served from 6:15 to 6:45 am)

Dr. Webster will open the session with a review of the latest thinking on the nature and treatment on pain. The latest theory and medicines will be discussed along with the success and limitations of ADFs as a way to reduce abuse. He will then examine the limitations on Mu agonists and debate what other options may be on the horizon. Dr. Webster will look at multidisciplinary care, the patients’ perspective, and practical tips to help clinicians today. He will review some promising HAL data on a novel Kappa Agonist agent.

Dr. Gudin will look at the issues facing clinicians today and offer more practical advice on ways to obtain the best analgesic outcomes. He will then thoroughly review new technologies and medicines on the horizon. Dr. Gudin will provide insight into Kappa Agonists as a potential alternative to Mu agents.

Dr. Stauffer will conclude the session with a thorough review of opioid receptors and Kappa Agonists before commencing the Q&A session.

Faculty
Dr. Lynn Webster, MD
V.P. Scientific Affairs, PRA International
Immediate Past President, AAP Medicine

Dr. Jeffrey Gudin, MD
Director of Pain Management and Palliative Care

Dr. Joseph Stauffer, MD
CMO Cara Therapeutics

Educational Objectives
• Discover the latest science in treating pain in 2015.
• Learn practical tips for treating pain across multidisciplinary boundaries.
• Review emerging technology and medicines. What is next after opioids?
• Examine the latest data on profile and human abuse liability involving Kappa agonists.
• Explore the future of analgesia—moving beyond Mu.

This activity is funded by Cara Therapeutics.

12:30–1:30 pm
Medication Monitoring and Pharmacogenetic Testing (PGT): Helping Clinicians to Individualize Safer Opioid Management
(Lunch sponsored by AAPM will be provided from Noon–12:30 pm)

Opioid side effects and the impact of polypharmacy have recently been highlighted in national media. Clearly there are challenges to safely treat chronic pain in the midst of the national crisis of prescription drug abuse. This case-based learning session will highlight clinical and research experiences of integrating UDT and PGT to help improve care for the treatment of chronic pain and common comorbidities such as anxiety and depression.

This session will examine challenges of the medical management of chronic pain and offer practical tools and approaches for clinicians to individualize safe medication management, and avoid polypharmacy and drug interactions, supporting clinician choice of the right medication for optimal efficacy and minimal side effects.

Faculty
Michael Brennan, MD
Jeffrey Fudin, PharmD
Naissan Hussainzada, PhD
Ken Kirsh, PhD

Educational Objectives
• Examine polypharmacy concerns and concomitant medication of the patient with comorbid pain conditions.
• Demonstrate how identifying genetic variations may allow a clinician to more effectively predict and understand a patient’s responses to medications.
• Describe how integrating UDT and PGT may provide more complete information that may impact medication efficacy, safety, and adverse effects.

This activity is funded by Millennium Health.
Prioritizing Pain Patients’ Needs in the Opioid Debate
(Lunch sponsored by AAPM will be provided from 11:45 am–12:15 pm)

As the nation struggles with prescription opioid abuse, misuse, and diversion, clinicians, the FDA, and pharmaceutical industry are under pressure to develop and prescribe medications with abuse-deterrent technologies (ADT) that do not directly benefit patients but that instead target “unintended” uses. In the rush to “make everything abuse-deterrent,” the needs of the chronic pain patient have been lost in the discussion. Unintended consequences of these technologies include potential lessening of effectiveness and worsening tolerability. Moreover, we have not determined whether these formulations will impact abuse in the real world, and no formulation yet prevents the largest route of abuse—oral. We need to evaluate if emotionalism has replaced science in our quest to reduce opioid abuse, leaving the chronic pain patient to suffer the consequences.

Faculty
Charles E. Argoff, MD
Professor, Neurology, Albany Medical College
Director, Comprehensive Pain Center
Albany Medical Center

Martin D. Cheatle, PhD
Director, Pain and Chemical Dependency Program
Center for Studies of Addiction

Bob A. Rappaport, MD
Former Director
Division of Anesthesia, Analgesia, and Addiction Products
Center for Drug Evaluation and Research
US Food and Drug Administration

Heather Butler-Pierce
The Ehlers-Danlos National Foundation

Bradley S. Galer, MD (Moderator)
Executive Vice President and Chief Medical Officer
Zogenix, Inc.

Educational Objectives
After attending this symposium, participants should be better able to
• critique the rationale for the development of prescription opioid formulations with ADT
• assess the impact of ADT on common forms of prescription opioid misuse and abuse
• evaluate the effect of opioid ADT on patients with chronic pain based on efficacy and adverse effect data.

This activity is funded by Zogenix, Inc.

Putting Patients First: Developing Abuse Deterrent Opioids
(Breakfast sponsored by AAPM will be provided from 6:45–7:15 am)

This program examines the FDA draft guidance on how industry can evaluate abuse deterrent opioid formulations, as part of a multifaceted approach to help address opioid abuse, misuse, and diversion.

Faculty
Charles E. Argoff, MD
Professor, Neurology, Albany Medical College
Director, Comprehensive Pain Center
Albany Medical Center

Michael J. Brennan, MD
Chief Medical Officer
The Pain Center of Fairfield
Associate Medical Director
Chronic Pain and Recovery Center
Silver Hill Hospital

Educational Objectives
• Consider the scope of the societal impact of opioid abuse.
• Consider how abuse-deterrent opioids, as part of a multifaceted approach, may help address these societal issues.
• Provide an overview of the 2013 FDA draft guidance for industry on the development of abuse-deterrent opioids.
• Discuss the potential impact of abuse-deterrent opioid formulations and their role in treatment plans.

This activity is funded by Teva Pharmaceuticals.
INTERACTIVE PROFESSOR
Intrathecal Drug Delivery for Chronic Pain: Selecting Patients and Optimizing Long-Term Outcomes

**Location:** AAPM registration area on Level 2, outside the Potomac Ballroom.

This CME-accredited Interactive Professor™ program features prerecorded expert faculty, projected on a high-resolution display, discussing best practices for intrathecal therapy use in chronic pain. In the context of two case study presentations, the program will examine patient and medication selection, treatment trials, dose titration, and patient monitoring, among other topics.

**Faculty**
Timothy R. Deer, MD DABPM  
President and CEO  
Center for Pain Relief, Inc.

This activity is funded by Jazz Pharmaceuticals, Inc.

**THURSDAY, MARCH 19**
1–5 pm

**FRIDAY, MARCH 20**
7:45 am–Noon, 1:30–6 pm

**SATURDAY, MARCH 21**
7:45–11:45 am, 1:15–6 pm
REASONS TO VISIT THE AAPM RESOURCE CENTER

**SCIENTIFIC POSTERS**
More than 150 posters will be on display, with posters categorized by the following clinical topics:

- basic science
- epidemiology/health policy/education
- late-breaking
- pharmacological
- procedures
- psychosocial
- rehabilitation
- translational

**NETWORKING**
Join us to network with 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, chronic, cancer, recurrent, and non-cancer pain.

**INTERACTIVE EXHIBITS**
Visit more than 150 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, laboratory testing, 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.

**INVISIBLE PROJECT BY THE U.S. PAIN FOUNDATION**
View firsthand the photography and stories of real pain survivors. Nearly 100 million Americans deal with pain. Chronic pain is an all-encompassing problem that knows no boundaries.

**CORPORATE SHOWCASE—NON-CME EVENTS**
Attend corporate showcase 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 AAPM Resource Center.

**THURSDAY, MARCH 19**

**5:15–5:45 pm**
**How to Get Published in Peer-Reviewed Journals**
Editor-in-Chief Rollin M. Gallagher, MD MPH, and the Editorial Board of *Pain Medicine* will give you tips and advice on how to get your research published.

*Supported by AAPM and Wiley*

**FRIDAY, MARCH 20**

**9:45–10:15 am**
**SI Joint Diagnosis and Treatment**
SI-BONE, Inc. is the leading sacroiliac (SI) joint medical device company dedicated to the development of tools for diagnosing and treating patients with low back issues related to SI joint disorders. The company is manufacturing and marketing a minimally invasive surgical (MIS) technique for the treatment of SI joint pathology.

*Supported by SI-BONE, Inc.*

**2:45–3:45 pm**
**A New Extended-Release Oral Hydrocodone Bitartrate Therapy**
Join your colleagues for this informative corporate showcase during which Dr. Joseph Pergolizzi will discuss a new extended-release oral hydrocodone bitartrate therapy. This is a promotional event, and CE will not be available. Full prescribing information, including boxed warning, will be distributed and discussed at the presentation.

*Supported by Purdue Pharma L.P.*

**6:15–6:45 pm**
**Opioid-Induced Constipation: The Science, the Struggle and an Orally Administered Treatment Option**
Please join us for a presentation on one of the most common side effects of opioids, opioid-induced constipation, its impact on the patient, and an orally administered treatment option for adult patients with chronic noncancer pain.

*Supported by AstraZeneca*

**SATURDAY, MARCH 21**

**9:45–10:15 am**
**Oral Fluid: The Unanswered Questions**
Oral fluid as a test matrix shows promise for detection of recent drug use. Despite relevant research, confusion still remains as to when, where, and how oral fluid testing can be appropriately used in a clinical environment. This presentation will attempt to answer some of these questions.

*Supported by Quest Diagnostics*
<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Level of Sedation in Outpatient Ketamine Infusions</td>
</tr>
<tr>
<td>101</td>
<td>Pulsed Radiofrequency Lesion of the Left Stellate Ganglion Provides Durable Suppression of Drug-Resistant Ventricular Arrhythmia</td>
</tr>
<tr>
<td>102</td>
<td>Sacral Nerve Root Stimulation for Coccydynia: Getting to the Root of the Problem</td>
</tr>
<tr>
<td>103</td>
<td>Pulsed Radiofrequency: A Durable Treatment Option for C1-C2 Arthropathy</td>
</tr>
<tr>
<td>104</td>
<td>Long-Term Efficacy of Repetitive Sphenopalatine Blockade with Bupivacaine Versus Saline with the Tx360 Device for Treatment of Chronic Migraine</td>
</tr>
<tr>
<td>105</td>
<td>Mandibular Nerve Block for Painful Temporomandibular Disorder: A Case Series</td>
</tr>
<tr>
<td>106</td>
<td>Cooled Radiofrequency Ablation of Genicular Nerves in a Patient with Severe Knee Pain and History of Total Knee Replacement: A Case Report</td>
</tr>
<tr>
<td>107</td>
<td>Long-Term Pain Relief After Radiofrequency Nerve Ablation of the Genicular Nerve: A Retrospective Study</td>
</tr>
<tr>
<td>108</td>
<td>Case Report. Superior Hypogastric Plexus Block: A Novel Treatment Approach for Phantom Limb Pain</td>
</tr>
<tr>
<td>109</td>
<td>Comparison of the Efficacy of Two Techniques for Sacroiliac Joint Injection: Ultrasound Versus Fluoroscopic Guidance</td>
</tr>
<tr>
<td>110</td>
<td>Evaluation of the Safety of 10 kHz Spinal Cord Stimulation: Electrical, Histological, and Clinical Evidence</td>
</tr>
<tr>
<td>111</td>
<td>Serratus Plane and Rectus Sheath Blocks with Liposomal Bupivacaine for Upper Abdominal Analgesia After Subcostal Incision</td>
</tr>
<tr>
<td>112</td>
<td>Outcome Measurements in Chronic Pain Patients Following Ketamine Infusions</td>
</tr>
<tr>
<td>113</td>
<td>Is Ketorolac the Next Intra-Articular Knee Injection for Osteoarthritis? A Randomized, Double-Blind Study</td>
</tr>
<tr>
<td>114</td>
<td>Isolated Cranial Nerve VI Palsy: A Complication of Intrathecal Drug Delivery System</td>
</tr>
<tr>
<td>115</td>
<td>Highly Significant Pain Reduction Sustained Up to 1 Year with 32-Contact SCS System</td>
</tr>
<tr>
<td>117</td>
<td>Importance of Considering Lateral Parasagittal Interlaminar Approach for Lumbar Epidural Steroid Injections</td>
</tr>
<tr>
<td>118</td>
<td>Retrospective Study of Complications of Spinal Cord Stimulation</td>
</tr>
<tr>
<td>119</td>
<td>A Novel Approach of Performing Transforaminal Epidural Injection by Interlaminar Route Using Laser-Guided Fluoroscopy</td>
</tr>
<tr>
<td>120</td>
<td>Retrospective Analysis of Auricular Acupuncture as an Adjunct Therapy for Headaches in Children and Adults</td>
</tr>
<tr>
<td>121</td>
<td>Minimal Oral Sedation Anxiolysys: A Better Alternative to Intravenous Sedation for Interventional Pain Procedures</td>
</tr>
<tr>
<td>122</td>
<td>Long-Term Pain and Functional Outcomes of Cooled Radiofrequency Ablation for Lumbar Facet Syndrome: A Pilot Study</td>
</tr>
<tr>
<td>123</td>
<td>Septate Nucleus Pulposus Discovered During Lumbar Diskography</td>
</tr>
<tr>
<td>124</td>
<td>Does Electrodiagnostic Confirmation of Acute or Chronic Cervical or Lumbosacral Radiculopathy Predict Pain Reduction After Transforaminal Epidural Steroid Injection? A Multicenter Longitudinal Study</td>
</tr>
<tr>
<td>125</td>
<td>Long-Term Outcomes of Radiofrequency Ablation for Lumbar Facet Syndrome</td>
</tr>
<tr>
<td>126</td>
<td>A Randomized, Double-Blind, Placebo-Controlled Trial of Stellate Ganglion Block in the Treatment of Posttraumatic Stress Disorder</td>
</tr>
<tr>
<td>127</td>
<td>Pain, Functional, and Behavioral Outcomes in Patients Undergoing Platelet Rich Plasma (PRP) Injection for Cervical and Lumbar Facet Arthropathy</td>
</tr>
<tr>
<td>128</td>
<td>The Efficacy of Sacral Lateral Branches Radiofrequency Ablation Using the Simplicity Probe in the Treatment of Sacroiliac Joint Pain</td>
</tr>
<tr>
<td>129</td>
<td>WHISPER: A Prospective Multicenter Trial Evaluating the Use of Sub-Perception MICC SCS at ≤1.2 kHz</td>
</tr>
<tr>
<td>130</td>
<td>Patient-Controlled Fentanyl Iontophoretic Transdermal System (Fentanyl ITS) Improved Postoperative Mobility Compared to Intravenous Patient-Controlled Analgesia (IV PCA) Morphine: A Pooled Analysis of Randomized, Controlled Trials</td>
</tr>
<tr>
<td>131</td>
<td>Percutaneous Spinal Cord Stimulation Placement for Treatment of Complex Regional Pain Syndrome</td>
</tr>
<tr>
<td>132</td>
<td>Successful Pseudoarthrectomy for Bertolotti’s Syndrome</td>
</tr>
<tr>
<td>133</td>
<td>Intra-Vascular Penetration Following Lumbar Transforaminal Epidural Injections Using the Infra-Neural Technique</td>
</tr>
<tr>
<td>134</td>
<td>Retrospective Case Review Series of Radiofrequency Ablation for Knee Osteoarthritis</td>
</tr>
<tr>
<td>135</td>
<td>The Treatment of Neuropathic Pain and Functional Limitations Associated with Multiple Sclerosis Using an MRI Compatible Spinal Cord Stimulator: A Case Report and Literature Review</td>
</tr>
<tr>
<td>136</td>
<td>Significant Pain Relief with Subperception SCS (SubPSCS) at Standard Stimulation Rates: Exploratory Research of SubPSCS at ≤1.2 kHz</td>
</tr>
<tr>
<td>137</td>
<td>Lumbar Sympathetic Blocks Using IncobotulinumtoxinA to Treat Complex Regional Pain Syndrome</td>
</tr>
<tr>
<td>138</td>
<td>Radiofrequency Application as a Potential Treatment for Coccydynia</td>
</tr>
<tr>
<td>139</td>
<td>Cervical Third Occipital Nerve Blocks Concomitantly Affect the Greater Occipital Nerve: A Cadaveric Study</td>
</tr>
<tr>
<td>140</td>
<td>Rationale for the SENZA-RCT Study Design and Comparative Outcomes</td>
</tr>
<tr>
<td>141</td>
<td>Successful Treatment of Abdominal Wall Neuroma with Ultrasound-Guided Steroid Injection</td>
</tr>
<tr>
<td>142</td>
<td>Neuromodulation in the Treatment of Chronic Post-Herniorrhaphy Groin Pain Refractory to Conservative Treatment: A Case Series</td>
</tr>
<tr>
<td>Number</td>
<td>Title</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>143</td>
<td>Ultrasound-Guided Intercostal Chemodenervation with Ethanol for Rib Pain Secondary to Metastatic Lung Cancer: A Case Report</td>
</tr>
<tr>
<td>144</td>
<td>ACCELERATE: A Prospective Multicenter Trial Evaluating the Use of High-Rate Spinal Cord Stimulation in the Management of Chronic Intractable Pain</td>
</tr>
<tr>
<td>145</td>
<td>Using a Novel Technique Combining Skin Mapping, Sensory Testing, and Ultrasound Guidance to Improve the Outcome of Peripheral Nerve Field Stimulation: A Retrospective Case Series Study</td>
</tr>
<tr>
<td>146</td>
<td>Posterior and Anterolateral Approach to Cervical Nerve Root Pulsed Radiofrequency Treatment for the Cervical Radiculopathy: A Prospective and Randomized Study</td>
</tr>
<tr>
<td>147</td>
<td>Stellate Ganglion Pulsed Radiofrequency Neuromodulation for Raynaud's Phenomenon in a Patient with Scleroderma</td>
</tr>
<tr>
<td>148</td>
<td>The Relationship Between Performance on Functional Tests and Self-Reported Pain, Anxiety, and Disability Among Low Back Pain Patients</td>
</tr>
<tr>
<td>149</td>
<td>The Roles of Race and Sex in Prior Pain Experience</td>
</tr>
<tr>
<td>150</td>
<td>Patient Characteristics Associated with Pain Catastrophizing</td>
</tr>
<tr>
<td>151</td>
<td>Risk Factors Predicting Self-Perceived Opioid Addiction in Patient and Community Subjects</td>
</tr>
<tr>
<td>152</td>
<td>The Pain-Suffering Association: A Structured Narrative Review</td>
</tr>
<tr>
<td>153</td>
<td>Do Acute and Chronic Pain Patients Differ on Affirmation of One Aspect of Pain Acceptance: Acknowledgement That a Cure Is Unlikely?</td>
</tr>
<tr>
<td>154</td>
<td>Is the Perception of Being a Burden (PBB) in Acute Pain Patients (APPS) and Chronic Pain Patients (CPPS) Associated with Suicidality?</td>
</tr>
<tr>
<td>155</td>
<td>The Influence of Demographics on Psychophysical Testing in the Knee Osteoarthritis Population</td>
</tr>
<tr>
<td>156</td>
<td>A Descriptive Analysis of Types of Medication Aberrant Behavior and Time in Treatment</td>
</tr>
<tr>
<td>157</td>
<td>Is Smoking Really a Good Predictor of Medication Aberrant Behavior?</td>
</tr>
<tr>
<td>158</td>
<td>Combining Intravenous Ketamine and Evidence-Based Psychotherapy for the Treatment of Chronic Pain and Chronic Posttraumatic Stress Disorder</td>
</tr>
<tr>
<td>159</td>
<td>Effectiveness of Biobehavioral Treatment for Migraine in Adults: A Systematic Review and Meta-Analysis of Randomized, Controlled Trials</td>
</tr>
<tr>
<td>160</td>
<td>Somatosensory and Psychosocial Variables Involving Pain and Disability in Chronic Migraine Patients</td>
</tr>
<tr>
<td>161</td>
<td>Dimensional Analysis of Narratives from Individuals Who Have “Overcome” Chronic Pain</td>
</tr>
<tr>
<td>162</td>
<td>Opioid Prescription Is Predicted by Novel Subclinical Range of Pain Catastrophizing: Discovery from Resampling Nonparametric Modeling</td>
</tr>
<tr>
<td>163</td>
<td>The Experiences and Perceptions of Advanced Practice Nurses Caring for Patients with Coexisting Substance Use Disorder and Chronic Pain</td>
</tr>
<tr>
<td>164</td>
<td>Discharge from Pain Clinic: A Pilot Prediction Study</td>
</tr>
<tr>
<td>165</td>
<td>The Art of Initial Biofeedback and Relaxation Training Session Within an Interdisciplinary Pain Management Program</td>
</tr>
<tr>
<td>166</td>
<td>Effectiveness of Multidisciplinary Cognitive Behavioral Treatment in Patients with Post-Laminectomy Syndrome Who Have Failed Spinal Cord Stimulation</td>
</tr>
<tr>
<td>167</td>
<td>Improvement in Pain and Function, and Reduction of Opioid Use with a Nonsurgical Multimodal Approach to Atlantoaxial Subluxation in an Inpatient with Osteogenesis Imperfecta and Rheumatoid Arthritis: A Case Report</td>
</tr>
<tr>
<td>168</td>
<td>Idiopathic Sacroiliitis: A Case Report</td>
</tr>
<tr>
<td>169</td>
<td>Calcitonin as an Adjuvant Treatment in Pain Associated with Recent Compression Fracture of the Spine in an Elderly Female: A Case Report</td>
</tr>
<tr>
<td>170</td>
<td>Does Functional Restoration for Pain Rehabilitation Work? Early Results from a New Military Functional Restoration Program</td>
</tr>
<tr>
<td>171</td>
<td>US Navy’s First Functional Restoration Pain Program: Improving Readiness, Restoring Function, and Relieving Pain</td>
</tr>
<tr>
<td>172</td>
<td>Opioids Do Not Improve Function</td>
</tr>
<tr>
<td>173</td>
<td>Nonsurgical Treatment for Patients with Spondylolisthesis: A Retrospective Case Series</td>
</tr>
<tr>
<td>174</td>
<td>The Short-Term Effects of a Functional Cervical Pillow on Inpatients with Neck Discomfort</td>
</tr>
<tr>
<td>175</td>
<td>Effectiveness of Core-Strengthening Exercises for Chronic Nonspecific Low Back Pain (CNLBP): A Critical Review of the Literature</td>
</tr>
<tr>
<td>176</td>
<td>The Use of Injectable Micronized Dehydrated Amniotic/Chorionic Membrane Allograft (AmnioFix) for Shoulder Pain</td>
</tr>
<tr>
<td>177</td>
<td>Isolated Neurapraxia of Musculocutaneous Nerve Following Total Shoulder Arthroplasty</td>
</tr>
</tbody>
</table>

Check the AAPM website for late-breaking abstract information.
<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>179</td>
<td>Interstrain Variability in Susceptibility to Persistent Pain After Nerve Injuries in Mus Musculus</td>
</tr>
<tr>
<td>180</td>
<td>Targeting Macrophages In Vitro to Develop a Nanotechnology-Based Cell Directed Gene Therapy for the Prevention of Chronic Postoperative Pain</td>
</tr>
<tr>
<td>181</td>
<td>Stem Cell Transplantation Inhibited Microglial Activation and Reversed Morphine-Induced Opioid Tolerance in Rats</td>
</tr>
<tr>
<td>182</td>
<td>Genetics and SOAPP-R Test: Study on the Relationship of OPRM1 Gene and SOAPP-R Test (SPORTS 2)</td>
</tr>
<tr>
<td>183</td>
<td>Stem Cell Transplantation for Intervertebral Disc Regeneration Is Effective Regardless of Animal Type: Systematic Review and Meta-Analysis</td>
</tr>
<tr>
<td>184</td>
<td>Accurate Dart Throwing Predicts a Subset of Desirable Pain Fellowship Candidates</td>
</tr>
<tr>
<td>185</td>
<td>Comparison of Abuse Rates of Buprenorphine Patch Versus Other Extended-Release Opioid Analgesics in the National Poison Data System Database</td>
</tr>
<tr>
<td>186</td>
<td>Decrease in Diagnosed Abuse, Addiction, and Opioid Poisoning Among Patients Prescribed Opioids After Introduction of OxyContin with Abuse-Deterrent Characteristics</td>
</tr>
<tr>
<td>187</td>
<td>Discordance Between Patient and Healthcare Provider Reports of the Burden of Opioid-Induced Constipation</td>
</tr>
<tr>
<td>188</td>
<td>Patient Reported Knowledge of Safe Use of ER/LA Opioid Analgesics Following Implementation of the Shared System REMS</td>
</tr>
<tr>
<td>189</td>
<td>VA/DoD Joint Pain Education Program</td>
</tr>
<tr>
<td>190</td>
<td>Bilateral Hand Pain in a Patient with Bifid Median Nerves and Persistent Median Arteries in Both Wrists: A Case Report</td>
</tr>
<tr>
<td>191</td>
<td>Stanford Patient Experience Questionnaire (SPEQ): Care Coordination as a Core Touch Point of Patient Satisfaction in the Chronic Pain Population</td>
</tr>
<tr>
<td>192</td>
<td>Stanford Patient Experience Questionnaire (SPEQ): Psychometric Predictors of Patient Satisfaction in the Pain Clinic</td>
</tr>
<tr>
<td>193</td>
<td>Failed Back Syndrome Presenting with Superimposed Paraneoplastic Neurological Disorder</td>
</tr>
<tr>
<td>194</td>
<td>Discrepancy Between Pain Scores and Functional Activity Levels in Patients with Chronic Low Back Pain</td>
</tr>
<tr>
<td>195</td>
<td>Identification of Risk Factors for Persistent/Chronic Pain Development Among Community Dwellers Reporting Moderate to Extreme Activity-Limiting Pain Should Enable Targeted Services</td>
</tr>
<tr>
<td>196</td>
<td>Development of Sliding Scale Pain Protocols</td>
</tr>
<tr>
<td>197</td>
<td>Targeting Prescribers’ Behavior in the Effort to Reduce Patients with Chronic Pain on High-Dose Opioid Therapy: The Impact of Clinician-Focused, Low-Burden Administrative Interventions on Patients’ Opioid Dose</td>
</tr>
<tr>
<td>198</td>
<td>The Association Between Lower Back Pain and Health Status, Work Productivity, and Healthcare Resource Use in Japan</td>
</tr>
<tr>
<td>199</td>
<td>The Development of ChildKind: A Global Initiative to Reduce Pain in Children</td>
</tr>
<tr>
<td>200</td>
<td>Analysis of FDA Adverse Event Reporting System for Disproportionate Reporting of Cardiac Arrhythmia Events for Buprenorphine</td>
</tr>
<tr>
<td>201</td>
<td>Development of a Novel Pain Management Simulator to Enhance Skills of Medical and Other Health Professional Students</td>
</tr>
<tr>
<td>202</td>
<td>Times to Durable Effective Acute Postoperative Pain Relief</td>
</tr>
<tr>
<td>204</td>
<td>Pain Action Consulting Team (PACT): An Innovative Mentorship-Based Strategy to Teach Responsible Opioid Prescribing</td>
</tr>
<tr>
<td>205</td>
<td>Impact of Urine Drug Toxicology (UDT) Frequency on Uncovering Aberrant Behaviors with Chronic Opioid Therapy: Implications of Delay in Time of Discovery</td>
</tr>
<tr>
<td>206</td>
<td>A Presurgical Predictive Risk Model for Lumbar Post-Laminectomy Syndrome</td>
</tr>
<tr>
<td>207</td>
<td>Extended-Release Hydrocodone Bitartrate in Chronic Pain: Reduction in Pain Intensity Is Associated with Functional Improvement</td>
</tr>
<tr>
<td>208</td>
<td>Implementing Changes in Opioid Prescribing: Utilizing REMS Principles in Clinical Practice</td>
</tr>
<tr>
<td>209</td>
<td>Effects of Intravenous Lidocaine on Endometriosis Pain</td>
</tr>
<tr>
<td>210</td>
<td>Assessment of Opioid Rescue Medication Use in Patients with Post-Bunionectomy Pain Treated with Diclofenac Potassium Liquid-Filled Capsules</td>
</tr>
<tr>
<td>211</td>
<td>Low-Dose Methadone Induced Hypoglycemia: A Case Report</td>
</tr>
<tr>
<td>212</td>
<td>Comparison of Subjective Drug Effects of Orally Administered Biphasic Immediate-Release/Extended-Release Hydrocodone Bitartrate/Acetaminophen Tablets (MNK-155) Versus Immediate-Release Hydrocodone Bitartrate/Acetaminophen Tablets in Recreational Users of Prescription Opioids</td>
</tr>
<tr>
<td>213</td>
<td>The PRIZM (Patient Registry of Intrathecal Ziconotide Management) Study for Patients with Severe Chronic Pain: Results from an Interim Analysis</td>
</tr>
<tr>
<td>214</td>
<td>The Clinical Need to Confirm Point of Care Testing Results in Patients Prescribed an Opioid</td>
</tr>
<tr>
<td>215</td>
<td>Naloxone 0.4 mg Bioavailability Following a Single Injection with a Novel Naloxone Auto-Injector, EVZIO™ in Healthy Adults, with Reference to a Standard Syringe and Intramuscular Needle</td>
</tr>
<tr>
<td>216</td>
<td>The Relationships Between Opioids and Intraoperative Fluid Administration in a Burn Operating Room</td>
</tr>
<tr>
<td>217</td>
<td>Validating the Oral Morphine Equivalents of Sublingual Buprenorphine</td>
</tr>
<tr>
<td>218</td>
<td>Single-Entity, Extended-Release Hydrocodone Bitartrate: Effective Pain Relief Throughout the 12-Hour Dosing Interval</td>
</tr>
<tr>
<td>Number</td>
<td>Title</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>220</td>
<td>IV Cosyntropin Versus Epidural Blood Patch for Treatment of Post Dural Puncture Headache (PDPH)</td>
</tr>
<tr>
<td>221</td>
<td>U.S. Navy Bureau of Medicine (BUMED) Chronic Opioid Therapy Clinical Pathway Guideline Adherence Model</td>
</tr>
<tr>
<td>222</td>
<td>Opioid-Induced Hyperalgesia (OIH) in Patients with Chronic Low Back Pain?</td>
</tr>
<tr>
<td>223</td>
<td>Gender Difference in the Response to Tramadol in Chronic Pain Patients</td>
</tr>
<tr>
<td>224</td>
<td>Genetics and Drug Response: Study on the Influences of Genetics in Variation to Morphine Response</td>
</tr>
<tr>
<td>225</td>
<td>Novel Once-Daily Formulation of Gabapentin Is Very Effective in Treating Post-Amputation Phantom Limb Pain</td>
</tr>
<tr>
<td>226</td>
<td>Safety and Efficacy of Oxycodone DETERx: An Extended-Release, Abuse-Deterrent Formulation in the Treatment of Moderate-to-Severe Chronic Low Back Pain</td>
</tr>
<tr>
<td>227</td>
<td>Leptomeningeal Inflammation and Altered CSF Chemistry in a Patient Treated with Intrathecal Morphine Infusion: Symptom Improvement with Cessation of Administration</td>
</tr>
<tr>
<td>228</td>
<td>Assessment of Patient-Reported Health-Related Quality of Life and Work Productivity with ALO-02 (Extended-Release Oxycodone Surounding Sequestered Naltrexone) in the Treatment of Moderate-to-Severe Chronic Low Back Pain</td>
</tr>
<tr>
<td>229</td>
<td>Analgesic Efficacy of the Peripheral Kappa Opioid Agonist CR845 in Laparoscopic Hysterectomy</td>
</tr>
<tr>
<td>230</td>
<td>Shifts in Pain Severity Categories Among Patients with Painful Diabetic Peripheral Neuropathy or Postherpetic Neuralgia Treated with Pregabalin</td>
</tr>
<tr>
<td>231</td>
<td>Treatment of Postherpetic Neuralgia with Gastroretentive Gabapentin: Patient Demographics, Pain Intensity, and Pain Interference</td>
</tr>
<tr>
<td>232</td>
<td>Retrospective Analysis of Quality Improvement and Cost Benefits When Using Liposomal Bupivacaine for Postoperative Pain Control</td>
</tr>
<tr>
<td>233</td>
<td>Use of Methylnaltrexone in Oxycodone-Induced Chronic Constipation and Rectal Prolapse</td>
</tr>
<tr>
<td>234</td>
<td>Intractable Postoperative Pain Resulting in Oxycodone-Induced Hyperalgesia and Subsequent Serotonin Toxicity</td>
</tr>
<tr>
<td>235</td>
<td>Analgesic Effect of Yoku-Kan-San on Postherpetic Neuralgia</td>
</tr>
<tr>
<td>236</td>
<td>Intranasal Human Abuse Potential of a Novel Abuse-Deterrent Formulation of Immediate-Release Oxycodone</td>
</tr>
<tr>
<td>237</td>
<td>Meta-Analysis of the Efficacy and Safety of the Fentanyl Iontophoretic Transdermal System (ITS) Versus Intravenous Patient-Controlled Analgesia (IV PCA) in Postoperative Pain Management</td>
</tr>
<tr>
<td>238</td>
<td>The Effect of Opioids on Quality of Life on Chronic Nonmalignant Pain</td>
</tr>
<tr>
<td>239</td>
<td>Randomized, Double-Blind, Placebo- and Comparator-Controlled Human Abuse Liability (HAL) Study of an Experimental Triple Monoamine Reuptake Inhibitor in Recreational Drug Abusers</td>
</tr>
<tr>
<td>240</td>
<td>Opioid Malabsorption: An Emerging Condition</td>
</tr>
<tr>
<td>241</td>
<td>Hormone and Inflammatory Biomarkers to Identify the Severe Pain Patient</td>
</tr>
<tr>
<td>242</td>
<td>Spinal Cord Injury–Associated Neuropathic Pain: The Role of Gabapentinoids</td>
</tr>
<tr>
<td>243</td>
<td>Effect of Concomitant Antidepressant and Anticonvulsant Use on Adverse Events in Patients Receiving Intrathecal Ziconotide in a Long-Term Extension Study</td>
</tr>
<tr>
<td>244</td>
<td>Intranasal Human Abuse Potential of a Novel Abuse-Deterrent Extended-Release Formulation of Morphine</td>
</tr>
<tr>
<td>245</td>
<td>Effects of Naltrexone Exposure Observed in Two Phase 3 Studies with ALO-02, an Extended-Release Oxycodone Surounding Sequestered Naltrexone</td>
</tr>
<tr>
<td>246</td>
<td>Recommendations on Use of Opioids in Presence of Drug-Drug Interactions Mediated by Cytochrome P450s</td>
</tr>
<tr>
<td>247</td>
<td>Dose Recommendation for Use of Opioids in Patients with Hepatic or Renal Impairment</td>
</tr>
<tr>
<td>248</td>
<td>A Case Report: Block Density and Its Relationship to Phantom Limb Pain</td>
</tr>
<tr>
<td>249</td>
<td>Molecular Mechanisms of CRPS: Preliminary Report of a Prospective Clinical Study</td>
</tr>
<tr>
<td>250</td>
<td>Both Bone Marrow Stromal Cells and Adipose-Derived Mesenchymal Stem Cells Are Effective for Repair of Degenerated Intervertebral Disks: A Systematic Review and Meta-Analysis</td>
</tr>
<tr>
<td>251</td>
<td>Sodium Valproate for Acute Pediatric Migraine Treatment</td>
</tr>
<tr>
<td>252</td>
<td>Non-Invasive Respiratory Volume Monitoring for the Identification of Patients at Risk for Opioid-Induced Respiratory Depression and Postoperative Apnea Versus a Diagnosis of Obstructive Sleep Apnea</td>
</tr>
<tr>
<td>253</td>
<td>Evaluation of Once-Daily Hydrocodone (Hysingla™ ER) in Patient Subgroups</td>
</tr>
<tr>
<td>EXHIBITORS BY PRODUCT CATEGORY</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Billing Services</strong></td>
<td><strong>Booth</strong></td>
</tr>
<tr>
<td>1st Providers Choice: Pain Medicine Software</td>
<td>106</td>
</tr>
<tr>
<td>Aprima Medical Software, Inc.</td>
<td>329</td>
</tr>
<tr>
<td>AllMeds Specialty Practice Services</td>
<td>241</td>
</tr>
<tr>
<td>Automated HealthCare Solutions</td>
<td>426</td>
</tr>
<tr>
<td>Pain Solutions Management Group</td>
<td>247</td>
</tr>
<tr>
<td>Practice Partners in Healthcare</td>
<td>144</td>
</tr>
<tr>
<td>StreamlineMD</td>
<td>240</td>
</tr>
<tr>
<td><strong>Business Management Services</strong></td>
<td></td>
</tr>
<tr>
<td>Pain Solutions Management Group</td>
<td>247</td>
</tr>
<tr>
<td>Practice Partners in Healthcare</td>
<td>144</td>
</tr>
<tr>
<td><strong>Clinical Trial Management</strong></td>
<td></td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>116</td>
</tr>
<tr>
<td><strong>Diagnostic/Imaging</strong></td>
<td></td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>116</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>American Chronic Pain Association</td>
<td>327</td>
</tr>
<tr>
<td>Arya Earth, Inc.</td>
<td>438</td>
</tr>
<tr>
<td>North American Neuromodulation Society</td>
<td>433</td>
</tr>
<tr>
<td><strong>Electronic Health Records</strong></td>
<td></td>
</tr>
<tr>
<td>1st Providers Choice: Pain Medicine Software</td>
<td>106</td>
</tr>
<tr>
<td>AllMeds Specialty Practice Services</td>
<td>241</td>
</tr>
<tr>
<td>Aprima Medical Software, Inc.</td>
<td>329</td>
</tr>
<tr>
<td>Pain Solutions Management Group</td>
<td>247</td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>116</td>
</tr>
<tr>
<td><strong>Insurance/Workers’ Compensation</strong></td>
<td></td>
</tr>
<tr>
<td>Automated HealthCare Solutions</td>
<td>426</td>
</tr>
<tr>
<td><strong>Laboratory Equipment and Instruments</strong></td>
<td></td>
</tr>
<tr>
<td>AB SCIEX</td>
<td>427</td>
</tr>
<tr>
<td>MedTest</td>
<td>347</td>
</tr>
<tr>
<td><strong>Laboratory Testing</strong></td>
<td></td>
</tr>
<tr>
<td>AB SCIEX</td>
<td>427</td>
</tr>
<tr>
<td>Aegis Sciences Corporation</td>
<td>132</td>
</tr>
<tr>
<td>American Screening</td>
<td>130</td>
</tr>
<tr>
<td>Auspicious Laboratory, Inc.</td>
<td>230</td>
</tr>
<tr>
<td>Dominion Diagnostics</td>
<td>112</td>
</tr>
<tr>
<td>LabCorp-Medtox</td>
<td>435</td>
</tr>
<tr>
<td>MedTest</td>
<td>347</td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>116</td>
</tr>
<tr>
<td>Triwest Pharmacy &amp; Laboratories</td>
<td>411</td>
</tr>
<tr>
<td>US Lab</td>
<td>120</td>
</tr>
<tr>
<td><strong>Medical Equipment/Supplies</strong></td>
<td></td>
</tr>
<tr>
<td>AB SCIEX</td>
<td>427</td>
</tr>
<tr>
<td>Allard USA, Inc.</td>
<td>339</td>
</tr>
<tr>
<td>American Screening</td>
<td>130</td>
</tr>
<tr>
<td>Cosman Medical</td>
<td>234</td>
</tr>
<tr>
<td>Dr. Fuji</td>
<td>447</td>
</tr>
<tr>
<td>Electromedical Products International, Inc.</td>
<td>413</td>
</tr>
<tr>
<td>Esaote</td>
<td>247</td>
</tr>
<tr>
<td>Orthocare Solutions, Inc.</td>
<td>244</td>
</tr>
<tr>
<td>Practical Pain Management</td>
<td>340</td>
</tr>
<tr>
<td>Preferred MedSurg, Inc.</td>
<td>136</td>
</tr>
<tr>
<td>Samsung Electronics America</td>
<td>338</td>
</tr>
<tr>
<td>Tian Medical, LLC</td>
<td>238</td>
</tr>
<tr>
<td><strong>Medical Publishing/Journals</strong></td>
<td></td>
</tr>
<tr>
<td>Pain Medicine News</td>
<td>135</td>
</tr>
<tr>
<td><strong>Office Management</strong></td>
<td></td>
</tr>
<tr>
<td>1st Providers Choice: Pain Medicine Software</td>
<td>106</td>
</tr>
<tr>
<td>Pain Solutions Management Group</td>
<td>247</td>
</tr>
<tr>
<td>Practice Partners in Healthcare</td>
<td>144</td>
</tr>
<tr>
<td><strong>Organizations</strong></td>
<td></td>
</tr>
<tr>
<td>American Academy of Pain Medicine</td>
<td>219</td>
</tr>
<tr>
<td>American Academy of Pain Medicine Foundation</td>
<td>219</td>
</tr>
<tr>
<td>American Board of Pain Medicine</td>
<td>232</td>
</tr>
<tr>
<td>American Chronic Pain Association</td>
<td>327</td>
</tr>
<tr>
<td>Pain Solutions Management Group</td>
<td>247</td>
</tr>
<tr>
<td>U.S. Pain Foundation</td>
<td>333</td>
</tr>
<tr>
<td><strong>Pain Management</strong></td>
<td></td>
</tr>
<tr>
<td>AB SCIEX</td>
<td>427</td>
</tr>
<tr>
<td>AIS Pain Care</td>
<td>133</td>
</tr>
<tr>
<td>American Chronic Pain Association</td>
<td>327</td>
</tr>
<tr>
<td>American Screening</td>
<td>130</td>
</tr>
<tr>
<td>Ameritox</td>
<td>341</td>
</tr>
<tr>
<td>Auspicious Laboratory, Inc.</td>
<td>230</td>
</tr>
<tr>
<td>Boston Scientific</td>
<td>102</td>
</tr>
<tr>
<td>Cutting Edge Laser Technologies</td>
<td>131</td>
</tr>
<tr>
<td>Depomed, Inc.</td>
<td>111</td>
</tr>
<tr>
<td>Dr. Fuji</td>
<td>447</td>
</tr>
<tr>
<td>Halyard Health</td>
<td>331</td>
</tr>
<tr>
<td>INSYS Therapeutics</td>
<td>125</td>
</tr>
<tr>
<td>Metro Health Solutions</td>
<td>431</td>
</tr>
<tr>
<td>Pain Medicine News</td>
<td>135</td>
</tr>
<tr>
<td>Pain Solutions Management Group</td>
<td>247</td>
</tr>
</tbody>
</table>
EXHIBITORS BY PRODUCT CATEGORY

Practical Pain Management ................................................................. 340
Silver Hill Hospital ........................................................................... 147
St. Jude Medical ................................................................................ 140
StreamlineMD .................................................................................. 240
Zogenix, Inc. .................................................................................... 428

Pharmaceutical
AIS Pain Care .................................................................................. 133
AstraZeneca ...................................................................................... 103
Depomed, Inc. .................................................................................. 111
Endo Pharmaceuticals .................................................................... 419
Gensco Laboratories ...................................................................... 141
INSYS Therapeutics ....................................................................... 125
Kaléo ................................................................................................. 128
Linden Care ....................................................................................... 423
Opioids with Abuse-Deterrent Properties (Purdue Pharma L.P.) ....... 242
Preferred MedSurg, Inc. .................................................................. 136
Purdue Pharma L.P. ........................................................................ 315
Teva Pharmaceuticals ...................................................................... 203
XenoPort, Inc. .................................................................................. 124
Zogenix, Inc. .................................................................................... 428

Prescription Dispensing
Automated HealthCare Solutions .................................................... 426
Linden Care ....................................................................................... 423
Metro Health Solutions ................................................................... 431
Triwest Pharmacy & Laboratories .................................................. 411

Recruitment
Southcentral Foundation ................................................................. 430

Software
1st Providers Choice: Pain Medicine Software ............................... 106
AllMeds Specialty Practice Services ................................................ 241
Aprima Medical Software, Inc. ......................................................... 329
Pain Solutions Management Group ................................................. 247
StreamlineMD .................................................................................. 240

Other
Boston Scientific .............................................................................. 102
Cutting Edge Laser Technologies ..................................................... 131
Flowonix ........................................................................................... 335
The Gideons International ............................................................... 425
Infinite Therapeutics ...................................................................... 239
The Joint Commission ..................................................................... 142
Medtronic, Inc. ............................................................................... 119
North American Neuromodulation Society .................................... 144
Practice Partners in Healthcare ......................................................... 433
SI-BONE, Inc. .................................................................................. 434
Transcend Health Partners .............................................................. 437

EXHIBIT AND POSTER SCHEDULE

THURSDAY, MARCH 19
Welcome Reception with Exhibits and Posters (Group 1) ...................... 5–6:45 pm

FRIDAY, MARCH 20
Exhibits Open .................................................................................. 9–10:30 am, 2:30–7:30 pm
Break with Exhibits and Posters (Group 1) ......................................... 9:30–10:30 am
Break with Exhibits .......................................................................... 2:45–3:45 pm, 4:45–5 pm
Reception with Exhibits and Posters (Group 2) ................................... 6–7:30 pm

SATURDAY, MARCH 21
Exhibits Open .................................................................................. 9:15–10:45 am
Break with Exhibits and Posters (Group 2) ......................................... 9:30–10:45 am
Exhibits Close .................................................................................. 11 am

Please refer to the onsite addendum for new exhibitors!
EXHIBITORS

Booth 106
1st Providers Choice: Pain Medicine Software
www.1stproviderschoice.com
IMS for Pain Management is a user-friendly, fully-certified Electronic Medical Records (EMR) software and practice management solution. Pain medicine doctors across the country have helped us to design and customize the software for maximum efficiency and profitability in your practice. Save hours of time on visit notes and documentation with pain medicine specific templates.

Booth 427
AB SCIEX
www.absciex.com
Sciex Diagnostics is the leading manufacturer of easy-to-use LC/MS systems that will help the clinical laboratory bring send-out tests in-house, increase laboratory revenues and provide better patient care with more accurate test results. LC/MS technology is well known for providing more sensitive and specific test answers that avoid the cross-reactivity issues found with more traditional laboratory test methods.

Booth 132
Aegis Sciences Corporation
www.aegislabs.com
For over 20 years, Aegis® has remained one of the most trusted drug testing laboratories for pain management, forensics, and sports organizations throughout the U.S. With Aegis you have access to testing in oral fluid, urine and/or blood; consultation with 14 PhD, five PharmD and three MD experts; and the highest quality client service in the industry.

Booth 133
AIS Pain Care
www.aispharmacy.com
AIS Pain Care, is the industry leader in injectable medications for patients with implanted intrathecal pain pumps. Founded in 1998, AIS has a new state of the art pharmacy and clean room in Jackson, MS. AIS is Joint Commission accredited, USP 797 compliant and licensed to provide medications to all 50 states and Puerto Rico. Our patient first, always approach combined with knowledgeable and experienced pharmacists with over 225 years of experience can meet all your intrathecal needs, 24 hours a day, 7 days a week.

Booth 399
Allard USA, Inc.
www.allardusa.com

Booth 241
AllMeds Specialty Practice Services
www.allmeds.com

Booth 219
American Academy of Pain Medicine
www.painmed.org
The AAPM booth is your one-stop destination for attendees in search of the latest in practice resources, discounted products and publications, guidance on educational offerings, and member service assistance. Attendees can also meet the Pain Medicine editorial staff, stock up on the latest Pain Medicine issues, and learn how to become a contributor. Pain Medicine is the specialty’s most highly acclaimed scientific publication, offering the latest in clinical and scientific innovations every month.

Booth 219
American Academy of Pain Medicine Foundation
www.aapmfoundation.org
Learn how you can support the AAPM Foundation to fund comprehensive education and research to close gaps in knowledge and help provide the highest quality, safe treatments in pain medicine. The Foundation supports AAPM’s core purpose, which is to optimize the health of patients in pain and eliminate the major health problem of pain by advancing the practice and the specialty of pain medicine. The overarching focus of the Foundation’s efforts is to advocate for patient safety by providing funding support to expand and enhance education and research, as well as advocating for improved training to advance pain management.

Booth 232
American Board of Pain Medicine
www.abpm.org
The mission of the American Board of Pain Medicine is to improve access to comprehensive pain care through a rigorous certification process for Pain Medicine physician specialists. The next exam deadline for Certification and MOC Exams is April 13, 2015. Please visit our booth for more information.

Booth 327
American Chronic Pain Association
www.theacpa.org
For the past 35 years, the ACPA has offered peer support and coping skills to help people with pain begin their journey from patient to person. The ACPA continues to offers programs and services designed to provide support, encouragement, information, and coping skills that aid a person with pain regain control of their life. Our philosophy has always been to help a person with pain improve quality of life and increase functioning while reducing their sense of suffering. Call 800.533.3231 or visit www.theacpa.org.

Booth 130
American Screening
www.americanscreeningcorp.com
American Screening is a nationwide leader in drug test manufacturing and distributing. Our drug testing products are designed for maximum accuracy with up to 99% accuracy rate, FDA 510K approval & CLIA waived. American Screening also has many certifications including ISO 13485:2003 and Health Canada.
Booth 341
Ameritox
www.ameritox.com
Ameritox helped pioneer the prescription drug monitoring necessary to address the national epidemic of prescription drug misuse, abuse, and diversion. As the nation’s trusted leader in Pain Medication Monitoring SolutionsSM, Ameritox provides medical and business professionals with data-driven analysis and tailored solutions that can improve patient care and prevent tragedy.

Booth 329
Aprima Medical Software, Inc.
www.aprima.com
Aprima offers a fully integrated, single application, single database practice management/EHR solution, as well as complete RCM services. Our no-template design is chief-complaint driven with an adaptive learning capability based on your style and habits. To learn more about how Aprima can help your practice, visit www.aprima.com, or e-mail info@aprima.com.

Booth 438
Arya Earth, Inc.
www.aryaearth.org
Arya Earth is a Federally recognized 501(c)3 non-profit organization, we have an educational purpose focused on the continuing education of cannabis therapeutics. Our primary mission is to educate and assist physicians, patients, and legislators with solutions for integrating Medical Cannabis into our treatment spectrum.

Booth 103
AstraZeneca
www.astrazeneca.com
AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection, and neuroscience diseases. AstraZeneca operates in over 100 countries, and its innovative medicines are used by millions of patients worldwide. For more information, please visit www.astrazeneca.com.

Booth 230
Auspicious Laboratory, Inc.
www.auspiciouslab.com
We are approved for high complexity lab, specialized in drug of abuse comprehensive urine sample testing; we can provide accurate drug of abuse screening and confirmation report with relatively low cut off. We provide faster service. Most of the time, we can provide next day report. We work with physicians for their special need of lab test. We have experienced pharmaceutical scientists and lab technologists to support you. Make sure you will have very satisfied lab service with us.

Booth 426
Automated HealthCare Solutions
www.ahcs.com
Our ezDispense Workers Compensation medication dispensing program allows your patient to receive medications while in your office. Our proprietary software ensures the practice remains compliant while capturing ancillary revenue.

Booth 102
Boston Scientific
www.controlyourpain.com
Investing in innovative products, clinical initiatives, and world-class service, Boston Scientific is committed to leading the way in spinal cord stimulation by providing better pain relief to a broad range of patients.

Booth 234
Cosman Medical
www.cosmanmedical.com
Cosman’s new Echogenic RF cannulae and RF injection electrodes facilitate ultrasound-guided pain management interventions. The G4 generator has four outputs, touchscreen controls, and a truly intuitive user interface. Fully automatic and programmable, the G4 reduces RF treatment time and costs and is ideal for busy pain clinics.

Booth 131
Cutting Edge Laser Technologies
www. CELasers.com
Cutting Edge Laser Technologies offers a line of patented and clinically validated therapy lasers for the progressive practitioner. MLS® (Multi-Wave Locked System) Laser Therapy is quickly becoming the standard of care for alleviating pain, reducing inflammation, and speeding recovery without the risk of heating tissue. Learn how MLS Laser Therapy could improve your clinical and financial success today.

Booth 111
Depomed, Inc.
www.depomed.com
Depomed, Inc., is a specialty pharmaceutical company focused on developing and commercializing products to treat pain and other central nervous system conditions. The company was founded in 1995 and has established itself by developing and incorporating promising technology into differentiated therapeutic products, taking those products through clinical approval, and building a strong market presence.

Booth 138
Diatron US, Inc.
www.diatron.com
Diatron develops, manufactures, and markets clinical chemistry analyzers, and associated reagents for human medical use. For pain management and toxicology laboratories, we provide automated drug of abuse testing systems along with the associated test kits in order to speed results to your physicians and patients.
Booth 139
Dominion Diagnostics
www.dominiondiagnostics.com
Dominion Diagnostics is a fully certified national medical laboratory specializing in clinical quantitative urine drug testing, scientifically accurate medication monitoring, and fully integrated clinical support services. Dominion provides information regarding patient prescription adherence, illicit drug usage, addiction, and substance misuse for a diversity of medical specialties, including pain and addiction medicine.

Booth 447
Dr. Fuji
www.fujichair.com
Bringing you the best medical massage chairs, Fujiyoki USA, the King of Medical Massage Chairs, has your best interest in mind and guarantees an experience that will transcend you into a tranquil state. Our medical massage chairs not only mimic the massage experience from the hands of a real masseuse, but also promotes a balanced and healthy lifestyle. Dr. Fuji attendees will learn the function, structure, and updated information for our Cyber Body Slimmers and Cyber Relax Massage Chairs. Other than that, attendees will try the machine and enjoy a good time in our booth as well!

Booth 413
Electromedical Products International, Inc.
www.alpha-stim.com

Booth 419
CORPORATE RELATIONS COUNCIL
ELITE LEVEL.
Endo Pharmaceuticals
www.endo.com
Endo Pharmaceuticals is focused on developing and delivering high-value branded pharmaceutical products that meet the unmet needs of patients. Endo Pharmaceuticals is an operating company of Endo International plc (NASDAQ: ENDP) (TSX: ENL), a global specialty healthcare company focused on improving patients’ lives while creating shareholder value. Learn more at www.endo.com.

Booth 247
Esaote
www.esaoteusa.com
Esaote North America, Indianapolis, part of the Esaote Group, a global leader in research, production and marketing diagnostic medical equipment. Among the largest manufacturers of ultrasound systems worldwide Esaote prides itself in achieving superior price and performance over competitors through focused ultrasound and office-based MRI imaging. Visit us at www.esaoteusa.com.

Booth 335
Flowonix
www.flowonix.com
Flowonix is dedicated to advancing targeted drug delivery. The Prometra Programmable Pump is our third generation implantable pump. Each generation has provided a marked improvement in accuracy, reliability, and battery life. A clinical trial concluded that the Prometra pump provides industry-leading accuracy and is both safe and efficacious.

Booth 141
Gensco Laboratories
www.genscolabs.com

Booth 425
The Gideons International
www.gideons.org

Booth 331
Halyard Health
www.halyard.com
Formerly part of Kimberly-Clark, Halyard Health is a medical technology company focused on preventing infection, eliminating pain and speeding recovery. Solutions for chronic pain include COOLIEF®Cooled Radiofrequency (RF) Treatment, a revolutionary technology that uses cooled RF energy to safely treat the sensory nerves causing pain, providing up to 24 months of relief.

Booth 239
Infinite Therapeutics
www.infinitymassagechairs.com
The Infinity IT-8800, COMPARABLE TO THE INADA*tm for 1/2 the price, offers state of the art roller foot reflexology, thigh and hip massage, an amazing spinal decompression stretch, sensors for customized targeted massage, lumbar heat and music, endless luxury, ULTIMATE MASSAGE!

Booth 125
INSYS Therapeutics
www.insysrx.com
INSYS Therapeutics is a specialty pharmaceutical company developing and commercializing supportive care products. We focus our research efforts on product candidates that utilize innovative formulations to address the clinical shortcomings of existing pharmaceutical products. Our currently marketed product is a treatment option for the management of breakthrough cancer pain.

Booth 112
Jazz Pharmaceuticals, Inc.
www.jazzpharma.com
Jazz Pharmaceuticals is a specialty biopharmaceutical company focused on improving patients’ lives by identifying, developing and commercializing differentiated products that address unmet medical needs. The company has a diverse portfolio of products and/or product candidates in the areas of sleep, hematology/oncology, pain and psychiatry. For more information please visit booth 112.

Booth 446
Jazz Pharmaceuticals, Inc.—Medical Affairs
www.jazzpharma.com
Jazz Pharmaceuticals is a specialty biopharmaceutical company focused on improving patients’ lives by identifying, developing and commercializing differentiated products that address unmet medical needs. The company has a diverse portfolio of products and/or product candidates in the areas of sleep, hematology/oncology, pain and psychiatry. For more information please visit booth 446.
Booth 142
The Joint Commission
www.jointcommission.org
Accrediting over 2,100 ambulatory care organizations, The Joint Commission can help you reduce risk and create a culture of excellence that illustrates your commitment to safe, high quality care. Learn how accreditation offers access to proven, customized solutions to improve patient safety. Visit booth 142, call 630.792.5286, and visit www.jointcommission.org/AHC.

Booth 128
Kaléo
www.kaleopharma.com
Kaléo is a pharmaceutical company dedicated to putting a new generation of life-saving personal medical products into your patient’s hands. Each Kaléo product combines an established drug with an innovative delivery platform with the goal of achieving superiority, cost effectiveness, and patient preference. Please visit us at Booth 128.

Booth 435
LabCorp-Medtox
www.labcorp.com
LabCorp MedWatch® is one of the nation’s premier medical drug monitoring programs and is offered through LabCorp and its specialty testing laboratory, MedTox Laboratories. The LabCorp MedWatch® program offers a full menu of medical drug monitoring tests that provides unparalleled choice, flexibility, and clinical value for your specific monitoring needs.

Booth 423
Linden Care
www.lindencare.com

Booth 347
MedTest
www.medtest.com
MedTest offers a range of chemistry instruments for the low- and mid-volume laboratory, including an extensive menu of chemistry and urine drugs of abuse screening tests. Confirmatory drug testing is available via liquid chromatography/mass spectrometry. MedTest prides itself on delivering a superior customer experience during installation, training, support, and service. Our products are found in pain management clinics, physician offices, reference laboratories, hospitals, and research facilities.

Booth 119
Medtronic, Inc.
www.medtronic.com
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 provides vertebral compression fracture solutions, implantable neurostimulation and targeted drug delivery devices. We also offer the largest range of Neuromodulation products with exceptional technical services and patient support.

Booth 431
Metro Health Solutions
www.protopicalsrx.com
Visit the ProTopicals booth to learn how to leverage in-house topical pain cream compounding to enhance the financial health of your practice. We can provide an impressive ancillary revenue stream without risk on your part. Let us show you how to bring the benefits of traditional mail order compounded medications into the office setting.

Booth 246
M.I.H. International
www.m-brace.com
M.I.H. International is the Manufacture 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, latex free and are breathable. Producing a higher rate of compliance.

Booth 213
Millennium Health
www.millenniumhealth.com
Millennium Health is a leading health solutions company that delivers accurate, timely, and clinically actionable information to inform the right treatment decisions for each patient at the right time. The company believes that everyone has the right to safe and effective treatment and aims to deliver that by providing payers and clinicians with effective tools and information to reach that goal. Millennium Health offers a comprehensive suite of services including The RxAnte System, Millennium PGTSM, and Millennium UDTSM that can be used to better tailor patient care. More information can be found at www.millenniumhealth.com.

Booth 120
National Lab Services (NLS)
www.nationallabservices.com
NLS hosts a state-of-the-art facility specializing in clinical urine drug monitoring. Our laboratory staff is championed by a highly experienced laboratory director who orchestrates a first-class service model through a web-based delivery system. Our quality and service are second to none.

Booth 433
North American Neuromodulation Society
www.neuromodulation.org

Booth 242
Opioids with Abuse-Deterrent Properties (Purdue Pharma L.P.)
www.responsibleopioidrx.com

Booth 244
Orthocare Solutions, Inc.
www.orthocaresolutions.com

VISIT THE AAPM RESOURCE CENTER (EXHIBIT HALL) FOR THE LATEST PRODUCTS AND SERVICES.
**EXHIBITORS**

**Booth 219**  
*Pain Medicine Journal*  
*Pain Medicine*—the journal of the American Academy of Pain Medicine, International Spine Intervention Society, and Australia/New Zealand Faculty of Pain Medicine—is the premier source of peer-reviewed research and commentary on the multidisciplinary, clinical practice of pain medicine.

**Booth 135**  
*Pain Medicine News*  
www.painmedicinenews.com  
*Pain Medicine News* (PMN), the best-read pain publication in the United States according to Kantar Media, is mailed 10 times annually to 45,655 pain-treating physicians. This newspaper offers extensive coverage of pain-related presentations at major clinical meetings and feature articles on topics relevant to practicing clinicians. *PMN* also presents in-depth clinical and educational reviews written by thought leaders, as well as cutting-edge practice management articles.

**Booth 247**  
*Pain Solutions Management Group*  
www.psmgnow.com  
Pain Solutions Management Group (PSMG) provides the systems, people, and processes required in today’s complex environment. These include a proven pain specific EMR, billing, practice analysis, marketing, HR, and service line development. Physicians retain complete control of their practice with the PSMG management team supporting their independent private practice. Visit PSMGnow.com.

**Booth 340**  
*Practical Pain Management*  
www.practicalpainmanagement.com  
Please stop by our booth to learn more about *Practical Pain Management (PPM)*, one of the premier teaching journals for clinicians and healthcare professionals interested in pain management. Pick up a free copy of our latest issue and sign up for a free subscription.

**Booth 144**  
*Practice Partners in Healthcare*  
www.practicepartners.org

**Booth 136**  
*Preferred MedSurg, Inc.*  
www.preferredmedsurg.com  
Preferred MedSurg offers a full selection of pharmaceuticals, anesthesia/surgery supplies, as well as the latest technology in patient monitors, capnography and equipment for your practice or surgery center. We will provide you with excellent service and competitive pricing. Please visit us at booth 136 to learn more about Preferred MedSurg!

**Booth 315**

**Purdue Pharma L.P.**  
www.purdueHCP.com  
Purdue Pharma L.P. is well known for its pioneering work on chronic pain, a principal cause of human suffering. The company’s leadership and employees are dedicated to providing healthcare professionals, patients and caregivers with effective therapies, and innovative educational resources and tools that support their proper use.

**Booth 415**  
*Purdue Pharma L.P.—Medical Information*  
www.purduepharma.com

**Booth 116**

**Quest Diagnostics**  
www.questdiagnostics.com  
Quest Diagnostics, the world’s leading provider of diagnostic testing, information and services, offers a comprehensive test menu including toxicology, immunology, endocrinology, oncology, rheumatology and genetics. Beyond our comprehensive menu of laboratory testing services, we offer a variety of resources to help you manage your patients, run your office, and stay current with the latest medical advances. Visit QuestDiagnostics.com.

**Booth 338**  
*Samsung Electronics America*  
www.samsung.com/ultrasound  
Samsung Electronics has contributed to the digital revolution through products that encompass innovative technologies, original designs, convenience and customer values, and has always been a leader of such revolution. By branching out into the medical equipment industry, Samsung aims to become a global leader as a healthcare company through joining together its IT, image processing, semiconductor, and communication technologies into medical devices.

**Booth 434**  
*SI-BONE, Inc.*  
www.si-bone.com  
SI-BONE, Inc. is the leading sacroiliac (SI) joint medical device company dedicated to the development of tools for diagnosing and treating patients with low back issues related to SI joint disorders. The company is manufacturing and marketing a minimally invasive surgical (MIS) technique for the treatment of SI joint pathology.

**Booth 147**  
*Silver Hill Hospital*  
www.silverhillhospital.org  
Silver Hill Hospital, a not-for-profit psychiatric hospital located in Connecticut, offers inpatient and residential programs for adolescents and adults, including a chronic pain and recovery program. Silver Hill Hospital is an academic affiliate of the Yale University School of Medicine, Department of Psychiatry. Call 800.899.4455 for more information.

**Booth 430**  
*Southcentral Foundation*  
www.scf.cc

**Booth 240**  
*StreamlineMD*  
www.streamlinemd.com  
StreamlineMD is a certified provider of Electronic Health Record (EMR), Practice Management (PM), and billing solutions. The company offers its services principally to independent physician practices focused on Pain Management and related specialties. The StreamlineMD EHR contains fully developed clinical content for interventional pain management including more than 50 procedures.
St. Jude Medical is dedicated to transforming the treatment of some of the world's most expensive, epidemic diseases by creating cost-effective medical technologies that save and improve lives of patients around the world.

Teva Pharmaceuticals is a leading global pharmaceutical company with a focus in pain care. With a diverse portfolio and pipeline of products to help advance treatments in pain management, Teva is committed to supporting responsible pain care that meets the needs of people living with pain as well as healthcare professionals.

Tian Medical is located in Lombard, IL. The company is primarily engaged in ventual funding, research and development of biotechnology and life sciences. Tian Medical had developed Tx360® Nasal Applicator. Tx360® medical device is the one and only product of its kind commercially available for sale in United States and European Union for use by medical professionals.

Transcend offers practices a new way to maximize revenue in spite of the considerable cuts in reimbursement. Leveraging over 30 years of health care management, product and reimbursement experience, Transcend has identified a group of complimentary solutions that differentiate the practice from its competitors, improve patient outcomes and creates a significant source of new ancillary revenue. A few of our solutions: Regenerative Amniotic Stem Cell Therapy, Medicated Injection Kits, and Topicals.

XenoPort, Inc., is a biopharmaceutical company focusing on developing and commercializing a portfolio of internally discovered product candidates for the potential treatment of neurological disorders. XenoPort is currently commercializing Horizant® (gabapentin enacarbil) extended-release tablets in the United States, and developing a novel fumaric acid ester product candidate XP23829, as a potential treatment for RRMS and psoriasis.

Zogenix, Inc., is a pharmaceutical company committed to developing and commercializing therapies that address specific clinical needs for people living with pain-related conditions and CNS disorders who need innovative treatment alternatives to help them return to normal daily functioning.

TRIWEST Specialty Pharmacy is a full service pharmacy that specializes in compounded and specialty medications. Our customer service is second to none; provided by highly trained staff that has an outstanding reputation among providers. At TRIWEST Laboratories, we integrate state of the art technology and unparalleled professional experience in drug analysis using high performance liquid chromatography with triple-quadruple mass spectrometry (UPLC-MS/MS). www.triwestlabs.com
Providing you resources to support your practice and patients

LEARN MORE AT

BOOTH

203
AAPM GRATEFULLY ACKNOWLEDGES THE CORPORATE RELATIONS COUNCIL

PREMIER EXECUTIVE

AstraZeneca  
MILLENNIUM HEALTH

Pfizer  
TEVA  
CNS

ELITE ASSOCIATE

endo  
Medtronic

NEKTAR  
Purdue  
Zogenix

ASSOCIATE

Depomed  
Mallinckrodt Pharmaceuticals  
Quest Diagnostics
We appreciate your generous contribution to the success of the 31st Annual Meeting. Together we can enhance patient care.
SEEKING TO HIRE A PAIN PHYSICIAN OR CLINICIAN FOR YOUR PAIN PRACTICE?

Post your position on the AAPM website.

The premier job site for pain physicians and their treatment teams.

AAPM represents the largest audience of qualified pain physicians.

67% of AAPM members work in a private practice.

AAPM has qualified candidates—73.54% of AAPM members have more than 5 years of experience practicing pain medicine.

Access to the National Healthcare Career Network (NHCN)—Your jobs will be seen by more than 50,000 potential candidates.

Questions?
Contact 847.375.4731.

Post your job now on AAPM’s Career Center
Visit www.painmed.org
See us at Booth #125

- Researching the future of compassionate medicine
- Developing novel delivery systems
- Raising awareness of unmet patient needs

BETTER PATIENT CARE THROUGH INNOVATION

Visit www.painmed.org
SUPPORT THE AAPM FOUNDATION

TO ADVOCATE FOR PATIENT SAFETY BY PROVIDING FUNDING SUPPORT TO EXPAND AND ENHANCE EDUCATION AND RESEARCH

OUR PRIORITIES INCLUDE

• improving the collection of patient-centered outcomes
• advancing education and research related to the role of acute pain in the pain management continuum
• expanding the Essential Tools for Treating the Patient in Pain™ program into web-based modules
• leading comprehensive methadone prescriber education efforts to ensure patient safety and effective treatment
• providing early career investigator grants.

Visit the AAPM Foundation online at www.aapmfoundation.org and click the “DONATE” button to make a tax-deductible contribution.
Join this impressive list of companies in supporting the efforts of AAPM and advocating for patient safety through education and research.

Ameritox Ltd.
AstraZeneca
Depomed, Inc.
Flowonix
Mallinckrodt Pharmaceuticals
Nektar Therapeutics
Purdue Pharma L.P.
Quest Diagnostics
Salix
Takeda Pharmaceuticals International, Inc., U.S. Region and Sucampo

Contact Kathy Checea at kchecea@painmed.org to learn how you can support the AAPM Foundation.
Intrathecal Drug Delivery for Chronic Pain
Selecting Patients and Optimizing Long-term Outcomes

MARCH 19-21, 2015
Level 2, Outside Potomac Ballroom
Gaylord National Resort & Convention Center
National Harbor, Maryland

TIMOTHY R. Deer, MD, DABPM
President and Chief Executive Officer Center for Pain Relief, Inc. Charleston, West Virginia

PHYSICIAN ACCREDITATION STATEMENT
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Global Education Group (Global) and Integritas Communications. Global is accredited by the ACCME to provide continuing medical education for physicians.

This CME/CE activity complies with all requirements of the federal Physician Payment Sunshine Act. If a reportable event is associated with this activity, the accredited provider managing the program will provide the appropriate physician data to the Open Payments database.

PHYSICIAN CREDIT DESIGNATION
Global Education Group designates this live activity for a maximum of 0.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

GLOBAL CONTACT INFORMATION
For information about the accreditation of this program, please contact Global at 303-395-1782 or inquire@globaleducationgroup.com.

This activity is jointly provided by Global Education Group and Integritas Communications.
This activity is supported by an educational grant from Jazz Pharmaceuticals, Inc.
There is no registration fee for attending this commercially supported satellite symposium. Attendees are admitted on a first-come, first-served basis.
An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine’s 31st Annual Meeting and pre-meeting activities.
Program Description
As the nation struggles with prescription opioid abuse, misuse, and diversion, clinicians, the FDA, and pharmaceutical industry are under pressure to develop and prescribe medications with abuse-deterrent technologies (ADT) that do not directly benefit patients, but target “unintended” uses. In the rush to “make everything abuse-deterrent,” the needs of the chronic pain patient have been lost in the discussion. Unintended consequences of these technologies include potential lessening of effectiveness and worsening tolerability. Moreover, we have not determined whether these formulations will impact abuse in the real world, and no formulation yet prevents the largest route of abuse—oral.

Please join us for a panel discussion where pain management and addiction specialists, a regulatory expert, and patient advocate will evaluate if emotionalism has replaced science in our quest to reduce opioid abuse, leaving the chronic pain patient to suffer the consequences.
Indications for Use. The Precision Spectra™ Spinal Cord Stimulator System (Precision Spectra System) is indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral or bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain, and leg pain.

Contraindications, warnings, precautions, side effects. The Precision Spectra System is contraindicated for patients who: are unable to operate the Precision Spectra System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical risks, or are pregnant. Refer to the Instructions for Use provided with the Precision Spectra System or ControlYourPain.com for potential adverse effects, warnings, and precautions prior to using this product. Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician. Note: Clinical study results may not necessarily be indicative of clinical performance. Results in other studies may vary.