Ensuring Access to Pain Care
Engaging Pain Medicine & Primary Care Teams

Palm Springs Convention Center | Palm Springs, CA
www.painmed.org/annualmeeting

Preconference Sessions: February 17–18, 2016
Annual Meeting: February 18–21, 2016

Essentials for Treating the Patient in Pain™ Program:
February 20–21, 2016

Exhibits: February 18–20, 2016
A Message from AAPM’s President

As we approach the annual meeting in Palm Springs, I would like to highlight some of the exciting activities we have planned. As a family physician, I have worked to help primary care physicians be better pain care providers. High-level expertise in pain care will always come from the specialists; however, patients need access to a wider group of clinicians with basic knowledge. Primary care is adaptable to the changing healthcare environment and, with our help, will bring contemporary practices and information to patients in pain.

This year, we are presenting a weekend-long general pain course for which the target audience is the provider with limited experience in pain management: Essential Tools for Treating the Patient in Pain™. We believe our program can have a significant impact on the broader primary care community. Although there are other popular pain medicine events for primary care clinicians, these programs often focus on providers with backgrounds in pain. There is a much larger group of primary care providers—who have little or no practical training in treating pain—who are eager for better treatment options for those patients who require continuing care after surgery, interventions, and effective medications. For many, opioids have been the only available option. If we can reach this group of primary care providers and begin teaching the principles of multidisciplinary care, the Academy could have an enormous impact on patient outcomes.

The Veterans Administration (VA) and the Department of Defense have innovative programs for pain care designed for soldiers returning from combat. The challenges of dealing with large numbers of patients, long waits, and limited resources have accelerated development of these programs, many of which are based in primary care. As an example, a “pain champions” program at each of the 94 VA facilities across the country is designed to have a primary care sponsor at each facility who has enhanced training and receives ongoing education to help our wounded veterans with chronic pain problems. As you consider attending this year’s meeting, please reach out to family physicians, internists, osteopaths, nurse practitioners, and physician assistants who also might benefit from attending. You may be setting up a friendship and collaboration that will strengthen primary care pain management, support the Academy’s educational mission, and reinforce AAPM’s reputation as the premier pain organization in the United States. See you in Palm Springs!

Bill H. McCarberg, MD
AAPM President

AAPM Program Committee Annual Meeting Co-Chairs

Daniel B. Carr, MD MA
Professor of Public Health and Community Medicine
Program Director, Pain, Research Education & Policy
Tufts University School of Medicine
Boston, MA

David J. Tauben, MD
Chief, Division of Pain Medicine
University of Washington
Seattle, WA

AAPM Is Shaking Up Its Annual Meeting—You Won’t Want to Miss It!

The AAPM Annual Meeting is considered one of the most creative and informative meetings in the industry. With nearly 1,000 attendees, AAPM’s Annual Meeting is the must-attend pain conference for primary care physicians, pain specialists, and members of the pain treatment team. Likewise, the bustling and buzzing Resource Center brings together hundreds of pharmaceutical, device, and practice providers who are ready to help you and your practice.

The AAPM Annual Meeting has been enhanced with a new format, new sessions, and the opportunity for you to customize your educational experience. Create a custom program and build your own meeting (see p. 22) with the flexibility that is right for you.

As pain medicine evolves, we aim to bring together the providers, ideas, skills, and research to meet your educational needs. The AAPM Annual Meeting offers unparalleled educational programming, including:

- **NEW** Ultrasound/Cadaver preconference programs jointly sponsored by the World Academy of Pain Medicine Ultrasonography (WAPMU) and Dannemiller, in collaboration with AAPM: Attendees participate in a 2-day workshop that includes cadaver training
- **NEW** Opioid and Non-Opioid Medications Management preconference program
- **NEW** Interventional programming presented through a collaboration with the North American Neuromodulation Society (NANS): Specifically designed for those interested in interventional and neuromodulation with focused discussions on key issues
- Reinigrated science: Mark your calendars for in-depth, cutting-edge topics, debates, and the latest thinking from world-class faculty
- **Key opinion leaders:** Top pain specialists share their knowledge and skills
- **Featured speakers:** AAPM welcomes AMA Chair-Elect Patrice Harris, MD MA, and Siegfried Mense, MD
- **Essential Tools for Treating the Patient in Pain™:** A new and improved Essentials program designed for you to explore the tried-and-true as well as cutting-edge programming
- **Build your own meeting:** Create an event package to suit your individual requirements. See page 22 for details.
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 pain conditions
• analyze the use of cost-effective and evidence-based integrative pain management modalities
• employ 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
• illustrate how to 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

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 32nd Annual Meeting for a maximum of 31.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAPM 32nd Annual Meeting and Related Education Programs
• 32nd Annual Meeting ........................................ up to 14.5 credits
• Essential Tools for Treating the Patient in Pain™ ..................12.5 credits
• World Academy of Pain Medicine Ultrasoundography Ultrasound/Cadaver Program ........................................ 16 credits
  World Academy of Pain Medicine Ultrasoundography (WAPMU) is the accredited provider of record and will provide CME for this program.
• Medications Management Preconference Program .........13 credits

Please note: Attendees cannot receive credit for simultaneous sessions, including preconference sessions and concurrent workshops. The highest number of credits can be earned by combining the Ultrasound/Cadaver Preconference, Friday of the 32nd Annual Meeting, and the Essential Tools for Treating the Patient in Pain™, which will provide a maximum of 34.5 CME credits.

American Academy of Family Physicians (AAFP)
Applications for AAFP CME credit for the annual meeting, the Essential Tools for Treating the Patient in Pain™ program, and the Medications Management preconference program have been filed with AAFP. Determination of credit is pending.

American Academy of Physician Assistants (AAPA)
AAPA has approved each of the educational activities certificed for the 32nd Annual Meeting for 13 credits. It has also filed applications for 12.5 credits for the Annual Meeting, the Essential Tools for Treating the Patient in Pain™ program, and the Medications Management preconference program. Determination of credit is pending.

Nursing Credits
This activity has been submitted to the American Association of Neuroscience Nurses for approval to award contact hours. The American Association of Neuroscience Nurses is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Nursing credit will only be offered for the Annual Meeting.

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 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.

2016 Annual Meeting Desired Outcomes
• Maintain a knowledgeable and competent workforce of pain medicine and primary care clinicians.
• Improve the safety of acute and chronic pain treatment protocols.
• Decrease the rate of opioid- and pain analgesic–related adverse events.
• Improve functional pain outcomes through the use of patient-centered treatment plans.

Who Should Attend
The AAPM CME program is designed for a primary audience of physicians whose scope of practice is targeted at the multidisciplinary practice of pain medicine and a secondary audience of physicians interested in improving their knowledge, competence, and performance in the treatment of common pain disorders. In addition, AAPM may provide educational programs directed toward affiliated nonphysician healthcare professionals, including nurses, nurse practitioners, physician assistants, physical therapists, psychologists, and pharmacists who are part of the multidisciplinary pain management team.

For the most current information and to register for the meeting, visit www.painmed.org/annualmeeting.
World Academy of Pain Medicine Ultrasonography—Ultrasound/Cadaver Programs*

The World Academy of Pain Medicine Ultrasonography (WAPMU) is collaborating with AAPM to offer two distinct ultrasound/cadaver programs. These programs will take place over 2 days and provide 16 hours of CME to attendees. Because these programs take place simultaneously, you will be able to register for only one program.

Target audience: Orthopedic and pain medicine specialists interested in expanding and improving their knowledge of ultrasound for needle guidance and diagnostics

View detailed program information and register at www.painmed.org/wapmu.

Musculoskeletal Ultrasound and Regenerative Medicine (001)

During the past decade, musculoskeletal ultrasound (MSKUS) has evolved into a separate imaging discipline. Physical medicine and rehabilitation was the first nonradiology specialty that embraced ultrasound methods in daily practice. MSKUS is an integral part of the comprehensive evaluation and treatment of musculoskeletal problems and is a powerful tool for assessing neurological conditions. However, these applications are not yet incorporated into routine neurological practice.

This course is designed to provide an overview of the musculoskeletal and peripheral nerve anatomy of the upper and lower extremities, discussing common pathology and its diagnosis. The procedural segment includes tutorial of common MSKUS procedures, regenerative medicine, cryotherapy, and chemodenervation.

Wednesday, February 17—Day 1

Presentations and Live Model Scanning
7 am–5 pm
7–7:30 am Registration & Continental Breakfast
7:30–9:15 am Regenerative Medicine and Orthobiologics
9:15–10:30 am Ultrasound Procedural Interventions of the Upper Extremity
10:30–10:45 am Break (Meet with our sponsors)
10:45–11:45 am Ultrasound Procedural Interventions of the Lower Extremity
11:45 am–1 pm Lunch on Your Own (Please return by 1 pm for hands-on rotations.)
1–5 pm Attendees rotate through hands-on stations

Thursday, February 18—Day 2

Cadaver Workshop
7 am–5:15 pm
7–7:30 am Register & Continental Breakfast
7:30–7:45 am Changing into Personal Protective Equipment (PPE) for Lab
7:45–11:30 am Cadaver Stations (Attendees rotate through stations)
11:30 am–1 pm Lunch
1:15–5:15 pm Live Scanning (Attendees rotate through stations)
• Shoulder
• Elbow and Wrist
• Hip
• Knee and Ankle
• Regenerative Medicine (All stations)
4:45–5:15 pm Open Laboratory and Regenerative Medicine Demonstration
• Regenerative Medicine (All faculty)

Advanced Ultrasonography in Interventional Pain Management (002)

Interventional pain management practitioners have been pioneers in the field of ultrasound-guided procedures in chronic pain. Recently, pain medicine luminaries have implemented ultrasonography in the clinical setting, successfully using ultrasound as an extension of physical examination. Numerous painful conditions may be diagnosed in the office, sparing expensive and time-consuming journeys to an MRI suite.

During this course, diagnostic methods will be discussed and core peripheral, sympathetic, and axial procedures will be outlined and demonstrated on human cadavers.

Wednesday, February 17—Day 1

Presentations and Live Model Scanning
7 am–5 pm
7–7:30 am Registration & Continental Breakfast
7:30–8:15 am Musculoskeletal Ultrasound—Upper Extremity
8:15–9 am Musculoskeletal Ultrasound—Lower Extremity
9–9:15 am Break (Meet with our corporate sponsors and exhibitors)
9:15–10:15 am Ultrasound and Regenerative Medicine (Platelet-Rich Plasma and Stem Cell)
10:15–11 am Neurosonology
11–11:45 am Spinal and Sympathetic Chain Ultrasonography Procedures
11:45 am–1 pm Lunch on Your Own (Please return by 1 pm for hands-on rotations.)
1–5 pm Live Model Scanning

Thursday, February 18—Day 2

Cadaver Specimen Training
7 am–5:15 pm
7–7:30 am Register & Continental Breakfast
7:30–7:45 am Changing into PPE for Lab
7:45–11:30 am Cadaver Lab Training (Attendees rotate through stations)
11:30 am–1 pm Lunch
1:15–5:15 pm Cadaver Lab Training
• Musculoskeletal Ultrasound—Upper Extremity
• Musculoskeletal Ultrasound—Lower Extremity
• Neurosonology
• Spinal Sonography
• Regenerative Medicine (All stations)
4:45–5:15 pm Open Laboratory Training and Regenerative Medicine Demonstration

Due to space limitations, WAPMU preconferences require both program registration and completion and approval of the qualifying scope of practice (QSOP) form. Download the QSOP form from www.painmed.org/WAPMU and return it via e-mail or fax as directed on the form. Registrants will be notified by e-mail of final QSOP and preconference approval. WAPMU and AAPM will determine eligibility for each registrant, and reserve the right to refuse any registrant. Hotel and air transportation should not be made by registrants until (1) program registration has been submitted and confirmed and (2) the QSOP form has been submitted and approved. WAPMU and AAPM will not reimburse travel and/or lodging expenses in the event your registration for the event is not approved. AAPM and WAPMU neither accredit nor certify physicians in training and do not intend to do so in these workshops.

There is an additional fee to attend all preconference programs. Registration is required. These programs are subject to cancellation if attendance does not meet capacity.
Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient (003)*

The pharmacologic management of chronic pain is an important aspect of clinical practice in the primary care setting. However, strategies aimed at optimizing the use of non-opioid analgesics while mitigating the potential risks associated with opioid use can be difficult to implement in daily clinical practice. The focus of this compelling 1.5-day preconference is to provide useful, practical information about the use of opioid and non-opioid analgesics to improve the effective pharmacologic management of adults with chronic pain in the primary care setting.

February 17—Day 1
12:30–5:30 pm

I. Opioid Management and Controversies

A. Opioid Management Introduction
   1. Opioid Pharmacology
   2. Abuse-Deterrent Technologies
   3. Opioid Tapering
   4. Opioid Management and Monitoring: Urine Toxicology Screening
   5. Other Adverse Effects of Opioids (Nonconstipation)
   6. Hyperalgesia: from Bench-Side to Clinical Practice—Does It Really Exist?
   7. Methadone: What Physicians Need to Know

B. Integrating Recent Guidelines into Clinical Practice: Debate

Q&A

February 18—Day 2
7:30 am–5:30 pm

I. Opioid Management and Controversies (continued)

C. Opioid-Induced Constipation (OIC)
   1. OIC Pain Medicine White Paper Presentation
   2. OIC: A Consensus Definition and Its Clinical Implications
   3. OIC: A Consensus on When Prescriptive Therapies Should Be Considered

Supported by a grant from the AAPM Foundation

D. Epidemiology of Abuse, Misuse, and Addiction

E. Addiction Medication Primer

II. Non-Opioid Analgesics and Agents

A. Anticonvulsants for Neuropathic Pain
B. Psychiatric Medication Primer for the Pain Clinician: Depression, Anxiety
C. NSAIDs for Acute and Chronic Pain
D. Topical Analgesics for Acute and Chronic Pain
E. Muscle Relaxers: Review of Agents and Evidence

III. Other Pain Conditions

A. Headache Medications
B. Insomnia: Medication Approaches

Q&A

Networking Opportunities:

Meet with AAPM meeting attendees who have similar interests during Shared Interest Group (SIG) meetings taking place at the annual meeting. Watch for information about the following SIG gatherings:
- Acute Pain
- Interdisciplinary Pain Medicine
- Military/VA
- Pain Psychology
- Primary Care
- Resident Fellow Education

*There is an additional fee to attend all preconference programs. Registration is required. These programs are subject to cancellation if attendance does not meet capacity.
Many healthcare professionals do not feel adequately trained to evaluate and treat the patient in pain. Essential Tools for Treating the Patient in Pain™ is designed for clinicians interested in the fundamentals of pain medicine and practical approaches to the treatment of common pain disorders. The program offers clinically focused lectures and case presentations on the assessment, diagnosis, and treatment of patients with various acute, cancer, end-of-life, and chronic pain syndromes, providing practical information that a practitioner can immediately implement upon returning to his or her practice the next day. Electronic handouts are available to registrants 1 week before the program, but printed handouts must be prepurchased if desired (see registration form).

The target audience for this program includes primary care providers, pain specialists, subspecialists, and trainees. This year, in particular, there will be a heavy emphasis on primary care providers.

Saturday, February 20

8 am–Noon—Core Program 1
- The Difficult Patient: Barriers to Success
- The Difficult Patient: Strategies for Success
- Marijuana as Analgesic: What’s the Evidence?
- Pain Medicine: Emerging Policy and Regulation
- Guide to Urine Drug Testing and Opioid Consent and Agreement in Chronic Opioid Therapy

1:30–3 pm
- Registrants must attend an Annual Meeting session of their choice.

3:15–4:05 pm—Core Program 2
- Chronic Opioid Therapy: Who Needs It, How to Start It, When to Stop It, and How to Stop It

4:15–5:45 pm
- Registrants must attend an Annual Meeting session of their choice.

Be sure to visit our website, www.painmed.org/annualmeeting, to view the program agenda and confirmed faculty.

Attendees are required to complete all three Essential Tools core programs during the 2 days of the program, as well as two Annual Meeting concurrent sessions within the Saturday Annual Meeting program (at 1:30–3 pm and 4:15–5:45 pm) to consider their attendance at the program complete and receive a 12.5-hour CME certificate.

Please note that this program is not a preconference this year and runs concurrently with the Annual Meeting.

For the most current information and to register for this program, visit www.painmed.org/annualmeeting today.
AAPM is leading a breakthrough change to the traditional exhibit hall and transforming it into the AAPM Resource Center, which complements the educational sessions presented during the annual meeting. Improve your pain practice and try new medical equipment and products from more than 100 solution providers.

Reasons to Visit

- Compare relevant products and services in one convenient place.
- Stay current with new and advanced technology.
- Gain firsthand knowledge of how devices work and how they will benefit you, your patients, and your practice.
- Network with peers and colleagues in a dynamic and synergistic atmosphere.
- Meet 100-plus exhibitors representing:
  - alternative delivery systems
  - billing services
  - business management
  - clinical research
  - compounding pharmacies
  - diagnostic/imaging
  - education
  - electronic health records
  - laboratory equipment and instruments
  - laboratory testing
  - medical equipment/supplies
  - medical publishing/journals
  - organizations
  - pain management
  - pharmaceutical
  - prescription dispensing
  - recruitment
  - software.

Check Out These Special Areas

Scientific Posters

More than 150 posters will be on display in two groups. Refer to onsite materials for the schedule to meet with poster presenters. Posters will be categorized by the following topics:

- Basic science
- Epidemiology/health policy/education
- Pharmacological
- Procedures
- Psychosocial
- Rehabilitation
- Translational

Visit the posters area all 3 days to ensure you see them all.

Resource Center Showcases

Attend corporate showcase sessions, which feature products, services, or programs from the pain medicine industry. All attendees are invited to the 30–60-minute sessions. Refer to the AAPM Program Guide for the current schedule.

Special Session Supported by AAPM: Rational Policy for Prescription Drug Use and Pain Management

Congressman Ami Bera, MD, (invited) represents the California 7th Congressional District in the U.S. House of Representatives

Saturday, February 20, 9:45–10:30 am

Networking

Join us to network with your colleagues and discuss research, diagnosis, treatment, and management of acute, chronic, cancer, recurrent, and noncancer pain. 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 the meeting.

INvisible Project by the U.S. Pain Foundation

View firsthand the photographs and stories of real pain survivors. Nearly 100 million Americans deal with pain. Chronic pain is an all-encompassing problem that knows no boundaries.

Resource Center Schedule

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<tr>
<th>Thursday, February 18</th>
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<tr>
<td>Opening Reception with Exhibits and Poster—Group 1 5:15–6:45 pm</td>
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<tr>
<th>Friday, February 19</th>
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<tr>
<td>Exhibits Open 9–10:45 am, 2:30–7:30 pm</td>
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<tr>
<td>Break with Exhibits and Poster—Group 1 9:40–10:40 am</td>
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<tr>
<td>Break with Exhibits 2:45–3:45 pm, 4:45–5 pm</td>
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<tr>
<td>Reception with Exhibits and Poster—Group 2 6–7:30 pm</td>
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Please note: Resource Center hours are subject to change.

All Things AAPM and AAPM Foundation

AAPM’s booth (311), located in the Resource Center, is the one-stop destination for the latest in practice resources, discounted products and publications, guidance on educational offerings, and AAPM member service assistance.

Come 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, and is among the most highly referenced pain journals, highlighting peer-reviewed research and commentary on multidisciplinary clinical practice.

Attendees also can meet representatives from the AAPM Foundation, make a contribution, and learn how your donations have contributed to today’s practices and benefitted the patients we serve. Be sure to stop by booth 311.

For the most current information and to register for the meeting, visit www.painmed.org/annualmeeting.
### SCHEDULE AT A GLANCE

#### WEDNESDAY, FEBRUARY 17

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<td>WAPMU Ultrasound/Cadaver Program</td>
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<td>Musculoskeletal Ultrasound and Regenerative Medicine—Day 1 (001)</td>
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<td>Ultrasonography in Interventional Pain Management—Day 1 (002)</td>
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<td>11:45 am–1 pm</td>
<td>Lunch on Your Own</td>
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<td>Prescribing for the Whole Patient—003</td>
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<td>1½ Day Program—Part 1 of 3</td>
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#### THURSDAY, FEBRUARY 18

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<td>WAPMU Ultrasound/Cadaver Program</td>
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<td>Musculoskeletal Ultrasound and Regenerative Medicine—Day 2 (001)</td>
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<td>Ultrasonography in Interventional Pain Management—Day 2 (002)</td>
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<td>11:30 am–Noon</td>
<td>Potential AAPM-Provided Lunch</td>
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<td>Noon–1 pm</td>
<td>Potential Satellite Symposia</td>
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<td>1:15–5:15 pm</td>
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<td>1½ Day Program—Part 2 of 3</td>
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<td>7:30–11:30 am</td>
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<tr>
<td>5:15–6:45 pm</td>
<td>AAPM 32nd Annual Meeting Welcome Reception</td>
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<td>Exits &amp; Poster Sessions—Group 1</td>
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#### FRIDAY, FEBRUARY 19

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<tbody>
<tr>
<td>6:15–6:45 am</td>
<td>Potential AAPM-Provided Breakfast</td>
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<tr>
<td>6:45–7:45 am</td>
<td>Potential Satellite Symposium</td>
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<tr>
<td>8–9 am</td>
<td>What's Trending in Pain Medicine in 2016: Opioids and Education (101)</td>
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<td>9–9:40 am</td>
<td>Novel Approaches to Integration of Pain Medicine with Primary Care (102)</td>
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<tr>
<td>9:40–10:40 am</td>
<td>BREAK</td>
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<td>Exhibits &amp; Poster Sessions—Group 1</td>
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<td>10:40–11:20 am</td>
<td>Plenary Research Highlights (103)</td>
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<td>Noon–12:30 pm</td>
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<td>12:30–1:30 pm</td>
<td>Potential Satellite Symposium</td>
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<tr>
<td>1:45–2:45 pm</td>
<td>Laboratory Medicine Practice Guidelines (LMPGs) to Support Pain Management: Public Comment (201)</td>
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<td>Poster Research Highlights (202)</td>
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<td>Noninvasive Brain Stimulation, What Is It, and Does It Work for Pain? (203)</td>
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<td>A Palliative Care Primer: The ABCs of End-of-Life Pain and Symptom Management for the Pain and Primary Care Provider (204)</td>
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<td>2:45–3:45 pm</td>
<td>BREAK WITH EXHIBITS</td>
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<td>Central Neuropathic Pain from Stroke, Spinal Cord Injury, and MS: Unique Challenges and Emerging Treatments (206)</td>
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<td>Emerging Trends in Pain Education: Content, Curriculum, and Competencies (207)</td>
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<td>Demystifying Chronic Pelvic Pain Management: A Case-Based Approach to Interdisciplinary Treatments (208)</td>
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<td>4:45–5 pm</td>
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<td>5–6 pm</td>
<td>Bridging Gaps in Perioperative Acute Pain Management (209)</td>
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<td>How Expectation and Learning Shape Pain—Lessons for the Clinician from Placebo and Nocebo Studies (210)</td>
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<td>Boots on the Ground in Opioid Tapering: Novel Assistance for Prescribers (211)</td>
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<td>Assessing and Managing Insomnia in Patients with Chronic Pain (212)</td>
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<tr>
<td>6–7:30 pm</td>
<td>AAPM 32nd Annual Meeting Reception</td>
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<td>Exits &amp; Poster Sessions—Group 2</td>
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<td>Time</td>
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<tr>
<td>6:15–6:45 am</td>
<td>Potential AAPM-Provided Breakfast</td>
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<td>6:45–7:45 am</td>
<td>Potential Satellite Symposium</td>
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<td>8–9:30 am</td>
<td>Multifaceted Approach to Improve Pain Care and the Safety of Opioids</td>
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<td>Prescribing in the Veterans Health Administration (VHA) (301) PC</td>
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<td>The Past, Present, and Future of Interdisciplinary Pain Management</td>
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<td>Evidence-Based Medicine in Spinal Stimulation: What Is the Best Choice?</td>
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<td>Is There One, or Are There Many? (303) 1</td>
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<td>9:30–10:45 am</td>
<td>Exhibits &amp; Poster Sessions—Group 2</td>
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<td>10:45–11:45 am</td>
<td>New Developments in Fibromyalgia Syndrome (304) PC</td>
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<td>Pain Psychology: A Global Needs Assessment and National Call to Action</td>
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<td>(305) PC</td>
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<td>11:45 am–12:15 pm</td>
<td>Potential AAPM-Provided Lunch</td>
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<td>12:15–1:15 pm</td>
<td>Potential Satellite Symposium</td>
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<td>Making System- and Population-Based Pain Care Happen in Your Local</td>
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<td>Healthcare System (307) PC</td>
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<td></td>
<td>Transforming DoD and VA Pain Care for Service Members and Families</td>
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<td>(308) PC</td>
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<td>Intrathecal Therapies in the Non-Cancer Pain Patient (309) 1</td>
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<td>American Headache Society Program. Chronic Migraine Education Program</td>
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<td>(310) PC</td>
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<tr>
<td>3–3:15 pm</td>
<td>BREAK</td>
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<tr>
<td>3:15–4 pm</td>
<td>AAPM Members’ Business Meeting and Awards Presentation</td>
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<td>Essential Tools for Treating the Patient in Pain™: For Primary Care</td>
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<td>Providers and Pain Specialists: Core Program 2 of 3 (PME) PC</td>
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<td>4–4:15 pm</td>
<td>BREAK</td>
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<tr>
<td>4:15–5:45 pm</td>
<td>Pain Curriculum Development for Primary Care Practitioners (311) PC</td>
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<td>Patient Aligned Care Team (312) PC</td>
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<td>Cost-Effectiveness of Interventional Pain Therapy (313) 1</td>
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<td>The Nuts and Bolts of Integrating a Psychologist into Your Practice (314)PC</td>
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<tr>
<td>7–7:15 am</td>
<td>Special Event: How to Succeed as an Academic Clinical Pain Researcher</td>
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<td>This is not a CME program.</td>
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<td>7:15–8:15 am</td>
<td>Non-Pharmaceutical/Integrative Therapies Pearls (401) PC</td>
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<td>Best Pain Care at Lower Cost: Collaborative Health Outcomes Information</td>
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<td>Registry (CHOIR) as a Model Platform for Learning Health Systems (402)</td>
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<td>8:30–9:30 am</td>
<td>Practical Advice for Real-World Practice: Facilitating Self-Management</td>
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<td>in Challenging Patients (403) PC</td>
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<td>9:30–9:45 am</td>
<td>BREAK</td>
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<tr>
<td>9:45–10:45 am</td>
<td>Clinical Pearls of Pain Medicine (404) PC</td>
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<td>Creating Effective Simulation and Immersive Learning Experiences for</td>
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<td>Pain Medicine Education (405) PC</td>
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<td>Challenging Headaches, What to Do? Understanding the Roles of IV</td>
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<td>Infusions, Nerve Blocks, Neuromodulation, and Behavior Modifications</td>
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<td>(406) PC</td>
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<td>10:45–11 am</td>
<td>BREAK</td>
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<tr>
<td>11 am–Noon</td>
<td>Practice Issues and Professional Development (407) PC</td>
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<td>Cancer Pain Management: Changing Paradigms (408) PC</td>
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<td>Noon–1 pm</td>
<td>The Challenging Dyad of Pain Medicine: Obesity and Chronic Pain (409)</td>
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From the White House to local health authorities, numerous task forces and initiatives are seeking to address the crisis of prescription drug abuse, particularly involving opioids. These efforts are taking place in tandem with ongoing actions to improve pain assessment and treatment, shortages in which constitute another public health crisis. This course features national leaders of several of the most important initiatives addressing these linked crises, describing their efforts, and emphasizing the key roles of professional and lay public education in doing so.

**Moderator**
Daniel B. Carr, MD MA

**The AMA Task Force to Reduce Opioid Abuse**
Patrice A. Harris, MD MA

**Opioids and Pain in Medical Education and Licensing Examinations**
Scott M. Fishman, MD

**Opioids 2016: Evidence and Education for the Primary Care Physician**
Erin E. Krebs, MD MPH

Collaborating with primary care physicians in an organized system of care can prepare you for the coming changes in health care. This session, moderated by Bill McCarberg, AAPM president, explores the birth of a patient-centered medical home for pain as well as the future of pain medicine in a community setting, within a large HMO, and within the Veterans Administration (VA).

**Moderator**
Bill McCarberg, MD

**Birth of a Patient-Centered Medical Home for Pain: The Results of a 4-Year Collaboration with an HMO to Provide Specialty Pain Care to a High-Risk Population**
Fred N. Davis, MD

**Plenary Research Highlights**
Increasing both the quality and quantity of scientific pain research remains a primary goal for the 32nd Annual Meeting Planning Committee. AAPM’s reputation as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. The Scientific Poster Abstract Committee has selected two of the highest ranking 2016 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.

**Moderator**
James C. Watson, MD

**Additional Faculty TBA**

**Mechanisms of Low Back Pain Due to Soft Tissues**
Soft tissue pain is often experienced, poorly understood, and inconsistently, if ever, evaluated and treated in a systematic fashion. One reason for its absence in the pain curricula is the lack of understanding of the pathophysiological processes known to produce the pain. This session presents experimental animal and human data that explain the potential role of soft tissue in nonspecific low back pain patients. For the first time, the role of psychological stress on the activity of nociceptive neurons has been addressed directly.

**Faculty**
Siegfried Mense, MD

Support a Fellows Scholarship
Join the Academy in supporting our future thought leaders in the field of pain medicine by donating to the AAPM Fellows Scholarship Program. Your gift enables a worthy Fellow to participate in the Annual Meeting and assists him or her on a path to becoming an established pain specialist. Visit [www.painmed.org/annualmeeting](http://www.painmed.org/annualmeeting) for more information.
Friday, February 19

1:45–2:45 pm
Laboratory Medicine Practice Guidelines (LMPGs) to Support Pain Management: Public Comment (201)  
For the most current information and to register for the meeting, visit www.painmed.org/annualmeeting.

Urine drug testing is commonly incorporated into the management of pain patients. This session discusses the scientific evidence supporting the use of laboratory tests to direct the care of pain patients, also the first draft of the National Academy of Clinical Biochemistry LMPGs for the use of laboratory tests in the management of pain patients.

Clinical Utility and Role of Qualitative and Quantitative Laboratory Testing for Pain Management: Appropriate Analytes, Cutoffs, and Methodology
Paul J. Jannetto, PhD

Frequency and Appropriate Specimen Types Required to Detect Medications Used and Abused by Pain Management Patients
Robin Hamill-Ruth, MD

Clinical Utility of Pharmacogenomics, Adulterant Testing, and Current Regulatory Guidelines for Monitoring Pain Patients
Nancy Bratanow, MD

1:45–2:45 pm
Poster Research Highlights (202)  
AAPM’s reputation as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. In addition to the research highlights presented in the plenary venue, this scientific session provides cutting-edge research from four additional award-winning scientific poster submissions.

Moderator
James C. Watson, MD
Additional Faculty TBA

1:45–2:45 pm
Noninvasive Brain Stimulation: What Is It and Does It Work for Pain? (203)
This session provides an overview of the emerging therapies for pain that involve noninvasive electrical stimulation of the brain. It also reviews the literature on transcranial magnetic stimulation and transcranial direct current stimulation for treating pain indications, along with methodological, ethical, and clinical considerations.

Moderator
Anne Louise Oaklander, MD PhD

Overview of Brain Stimulation Techniques
Max M. Klein, PhD

Clinical, Regulatory, and Ethical Considerations
Anne Louise Oaklander, MD PhD

Transcranial Magnetic Stimulation (TMS): Almost Ready for Clinical Use
Anne Louise Oaklander, MD PhD

Transcranial Direct Current Stimulation (tDCS): Almost Ready for Home Use
Max M. Klein, PhD

1:45–2:45 pm
A Palliative Care Primer: The ABCs of End-of-Life Pain and Symptom Management for the Pain and Primary Care Provider (204)  
This primer of end-of-life care provides a practical approach to palliative pain and symptom management for the pain and primary care provider. This session discusses symptoms pertinent to patients with advanced disease states and their rationale for treatment: pain management in disease states altering metabolism and/or available routes of administration, delirium, anxiety, depression, dyspnea, nausea, and constipation.

Palliative Approach to Pain Management at the End of Life: A Painless Approach to Issues and Challenges at the End of Life, Including Making Sense of Alternative Medication Routes and Dosing Strategies
Halena Gazelka, MD

Delirium, Anxiety, and Depression: A Clear-Thinking Approach to the Evaluation and Management of Patients at the End of Life
Jacob J. Strand, MD

Dyspnea, Nausea, and Constipation: Practical Pearls to Manage These Common End-of-Life Symptoms
Mihir M. Kamdar, MD

3:45–4:45 pm
A core recommendation of the 2011 Institute of Medicine report “Relieving Pain in America” (recommendation 2-2) calls for the development of “a comprehensive, population health–level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources.” This will include the development and dissemination of the Health and Human Services and National Institutes of Health National Pain Strategy. This session’s speaker panel, who were involved in the strategy’s development, offers insight into its current status and next steps.

Faculty
Sean Mackey, MD PhD
Linda Porter, PhD
Additional Faculty TBA

Join the Academy and Become Part of the Premier Organization for Pain Medicine
Whether you are a clinician, a nonclinical professional focused on the advancement of the field of pain medicine, or a student, you are welcome to become a part of this dynamic group of individuals who have an investment in pain care. See page 20 for membership details and join-and-register offers.
3:45–4:45 pm
Central Neuropathic Pain from Stroke, Spinal Cord Injury, and MS: Unique Challenges and Emerging Treatments (206)

Central neuropathic pain is extremely challenging to treat. This session presents valuable information: the unique mechanisms necessary to develop a central neuropathic pain state, how to differentiate it from other pain types in a neurologically devastated patient, an evidence-based treatment approach to central neuropathic pain, unique challenges to spinal cord stimulation for central pain types, and emerging evidence on the role of cannabinoids and deep brain and motor cortex stimulation.

Central Neuropathic Pain Treatment: Incidence, Unique Mechanisms, and Clinical Challenges
James C. Watson, MD

Central Neuropathic Pain Treatment: Traditional, Cannabinoid, and Emerging
Paola Sandroni, MD PhD

3:45–4:45 pm
Emerging Trends in Pain Education: Content, Curriculum, and Competencies (207)

This interactive workshop addresses the role of content, curriculum, competencies, and barriers to change in the design and delivery of effective pain education. It is primarily targeted at those teaching prelicensure health professions trainees, but also is relevant to graduate medical education. Three internationally recognized experts in health professions education anticipate trends, preparing and inspiring participants to implement highly effective pain education experiences for learners.

Content: Prioritization and Integration Across Educational Settings
Beth B. Hogans, MD PhD

Curriculum Design in the Interprofessional and Uniprofessional Setting
Judy Watt-Watson, PhD MSc RN

Competencies: Implementation and Impact on Curriculum Design
Patricia Thomas, MD FACP

3:45–4:45 pm
Demystifying Chronic Pelvic Pain Management: A Case-Based Approach to Interdisciplinary Treatments (208) PC

This session highlights interdisciplinary treatment approaches for managing the multidimensional complexities of chronic pelvic pain, beginning with assessment algorithms and a brief review of pelvic anatomy. The session also discusses multimodal therapies using case-based presentations on patients suffering from vaginal pain and pelvic floor hypertonicity, endometriosis, musculoskeletal pain referred to the pelvis, and pudendal neuralgia. Finally, a discussion of interdisciplinary management illustrates gynecological, interventional, pharmacological, physical therapy, and behavioral strategies.

An Interventional and Medication Management Perspective
Antje M. Barreveld, MD

A Gynecological Perspective
Eman Elkady, MD

A Physical Therapy and Behavioral Therapy Perspective
Jessica McKinney, MS PT

A Psychological Perspective
Ravi Prasad, PhD

5–6 pm
Bridging Gaps in Perioperative Acute Pain Management (209) DV

Acute pain physicians typically focus only on immediate postoperative care. However, numerous patients have modifiable risk factors placing them at risk for severe postoperative and persistent pain. Little analgesic coordination with patients’ primary team occurs, and rarely are analgesic planning processes available at discharge. To fill these gaps, this session focuses on three phases: (1) preadmission (stratification and optimization), (2) inpatient (analgesic coordination), and (3) postdischarge (advising for analgesic planning and weaning).

Moderator
Michael L. Kent, MD CDR MC USN

Preadmission Optimization of the Acute Pain Patient
John Corey, MD

Inpatient Perioperative Pain Management (The ERAS Model)
Christopher M. Sobey, MD

Time for Discharge: Now What?
Jennifer Hah, MD MS

5–6 pm
How Expectation and Learning Shape Pain: Lessons for the Clinician from Placebo and Nocebo Studies (210)

The profound influence of context surrounding a pain experience on pain perception and the therapeutic response to pharmacological and other treatments is underappreciated. This session outlines the psychological and neurobiological mechanisms and the translational relevance of placebo analgesia and nocebo hyperalgesia in clinical practice, providing a greater understanding of how expectation-induced pain modulation has profound clinical implications and offering the potential to optimize therapeutic strategies for improved treatment outcomes.

Placebo and Nocebo: Historical Context and Implications in Analgesic Development
Friedhelm Sandbrink, MD

The Neurobiology of the Placebo and Nocebo Response in Experimental and Clinical Settings
Luana Colloca, MD PhD

How Context Shapes the Clinical Outcome: Implications for Clinical Practice in Pain Management
Caryn L. Seebach, PsyD
Friedhelm Sandbrink, MD
For the most current information and to register for the meeting, visit www.painmed.org/annualmeeting.

CONCURRENT SESSIONS

5–6 pm
Boots on the Ground in Opioid Tapering: Novel Assistance for Prescribers (211) [PC]
National calls to reduce opioid prescribing have exposed critically limited resources for prescribers to meet this goal. There is a growing need for behavioral opioid taper support for nonaddicted individuals with chronic pain, and for automated assistance with tapering of prescriptions. This session addresses both needs by presenting an opioid taper program with psychobehavioral support embedded into clinical care and the Stanford Opioid Taper Tool, an algorithm that enhances safety and success with customized tapering schedules.

Moderator
Beth D. Darnall, PhD

Boots on the Ground: A Low-Cost, Medically Supervised Behavioral Opioid Taper Program for Community-Dwelling Chronic Pain Patients
Beth D. Darnall, PhD
Richard L. Stieg, MD MHS

The Stanford Opioid Taper Tool
Ming-Chih Kao, PhD MD

5–6 pm
Assessing and Managing Insomnia in Patients with Chronic Pain (212) [PC]
Sleep disorders commonly occur in patients with chronic pain, and there is persuasive evidence of the reciprocal deleterious effect of sleep on pain and pain on sleep. This session reviews the underlying pathophysiology of the interrelationship between pain and sleep, provides practical methods to efficiently and effectively assess sleep disorders, and outlines basic pharmacologic and nonpharmacologic interventions to improve sleep quality in the pain population.

Pain and Insomnia: Theoretical Models and Assessment
Martin Cheatle, PhD

Pharmacotherapy of Sleep Disorders in Patients with Chronic Pain
Lynn R. Webster, MD

Cognitive-Behavioral Therapy for Insomnia in Patients with Chronic Pain
Ignacio Badiola, MD

Saturday, February 20

8–9:30 am
Multifaceted Approach to Improve Pain Care and the Safety of Opioids Prescribing in the Veterans Health Administration (VHA) (301) [PC DV]
This session provides a multifaceted approach that aims to improve the quality of pain care in the VHA and safety of opioid prescribing. In focusing on SCAN-ECHO, an effective educational tool, it proposes its targeted utilization with outlying primary care providers. In addition, it introduces a novel opioid risk stratification and mitigation tool, describing the design of this computerized tool as well as the predictive method with which this model estimates risks.

Moderator
Rollin M. Gallagher, MD MPH

Identification and Targeted Enrollment in a 1-Year SCAN-ECHO Training of Outlying Primary Care Physicians
Evan Carey, MS

Predictive Model-Based Patient Management Tools for Stratified Risk Mitigation for Patients Receiving Chronic Opioid Therapy
Jodie A. Trafton, PhD

SCAN-ECHO: An Effective Innovative Model for Education and Training of the Primary Care Workforce
Ali S. Mchaourab, MD

8–9:30 am
The Past, Present, and Future of Interdisciplinary Pain Management (302) [PC]
Despite strong literature support for its use, interdisciplinary approaches to pain treatment have waned in the United States because of a number of different variables. This session, presented by members of the AAPM Interdisciplinary Pain Management Shared Interest Group (SIG), details the history and efficacy of this treatment approach, citing reasons for its current scarcity. It also explores the current status of pain care in this country and discusses the pivotal role that interdisciplinary treatment can play in the future.

The AAPM Interdisciplinary Pain Medicine SIG
Ravi Prasad, PhD

A Brief History of Interdisciplinary Pain Management
Michael E. Schatman, PhD CPE

The National Pain Strategy: Implications for Interdisciplinary Pain Care
Sean Mackey, MD PhD

8–9:30 am
Evidence-Based Medicine in Spinal Stimulation: What Is the Best Choice? Is There One, or Are There Many? (303) [I]
AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques for pain management. The field of spinal stimulation has evolved rapidly during the past few years with significant hardware and software changes that appear to be improving outcomes for patients. This course highlights some of the newest and most exciting spinal stimulation advances in the field.

Moderator
Tim J. Lamer, MD

Conventional Spinal Cord Stimulation
Salim M. Hayek, MD PhD

Burst Spinal Cord Stimulation
Timothy R. Deer, MD

High-Density Spinal Cord Stimulation
Tim J. Lamer, MD

Dorsal Root Ganglion Stimulation
Timothy R. Deer, MD

High-Frequency Stimulation
Leonardo Kapural, MD PhD

Summary and Conclusions
Timothy R. Deer, MD

PC Primary Care
DV DoD/VA
I Interventional
10:45–11:45 am

New Developments in Fibromyalgia Syndrome (304)  
Fibromyalgia affects 2%–5% of the global population, and new findings linking it to small-fiber polyneuropathy will affect the practice of pain medicine, as will new treatment options. This session reviews new data and discusses implications for pain practice.

Naltrexone for Treatment of Fibromyalgia
Sean Mackey, MD PhD

Small-Fiber Polyneuropathy in Fibromyalgia: Big Changes Coming
Anne Louise Oaklander, MD PhD

10:45–11:45 am

Pain Psychology: A Global Needs Assessment and National Call to Action (305)
Clear deficits exist in pain education, leading to a national call from the Institute of Medicine in 2010 to increase training across diverse disciplines, including psychology. This session provides knowledge of pain psychology in terms of training and core competencies, presenting the first data to quantify gaps in psychologist training and patient access to pain psychology services. In addition, the faculty, members of the AAPM Pain Psychology Task Force, review the task force’s national call to action and plan.

Pain Psychology: State of the Discipline and Unmet National Needs
Judith Scheman, PhD
Sara A. Davin, PsyD MPH

The AAPM Pain Psychology Task Force: A National Call to Action
Beth D. Darnall, PhD

10:45–11:45 am

Best Practices in the Interventional Implant Practice (306)
AAPM and the North American Neuromodulation Society (NANS) have collaborated to design educational programming for those interested in interventional and neuromodulation techniques in pain management. The techniques of placing spinal stimulator systems and intrathecal drug delivery systems have become safer, and complication rates have improved with the advent of new technology, improvements in surgical techniques, and the publication of consensus-based guidelines. On the other hand, new anticoagulation medications, more and more patients on long-term anticoagulation therapy, and emerging infection challenges, including drug-resistant organisms and new-generation antibiotics, continue to challenge the implanting physician. This course highlights current best practices for mitigating bleeding and infection risks in the implant practice.

Best Practices for Infection Prevention and Control in the Implant Practice
Bryan C. Hoelzer, MD

Best Practices for Anticoagulation Management in the Implant Practice
Samer Narouze, MD PhD

1:30–3 pm

Making System- and Population-Based Pain Care Happen in Your Local Healthcare System (307)
This session discusses the logistics and current success and failures of spreading population- and systems-based approaches to pain medicine care throughout the country as well as through systems of various levels and sizes. Faculty discuss aspects of population-based pain care from the national level to initiatives at the VA Healthcare System, which during the past 10 years has had the most experience implementing such approaches, to networks of academic and community-based pain clinics that have built their systemwide initiatives from the ground up with few external resources.

Overview of Population-Based Pain Care on the National Level
Bill McCarberg, MD

Making System- and Population-Based Pain Care Happen: VA System
Rolin M. Gallagher, MD MPH

Making System- and Population-Based Pain Care Happen: University of California–Davis
Scott M. Fishman, MD

Making System- and Population-Based Pain Care Happen: University of Pittsburgh Medical Center
Ajay Wasan, MD MSc

1:30–3 pm

Transforming DoD and VA Pain Care for Service Members and Families (308)
This session describes three far-reaching collaborative efforts between the Department of Defense (DoD) and Veterans Health Administration (VHA) to improve pain care. First, the Joint Pain Education Program (JPEP) and implications across the continuum of care are discussed. Second, lessons learned during beta testing of the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) and application to other DoD and VA facilities are provided. Finally, implementation of the functional restoration approach to chronic pain management in DoD and VA pain clinics is detailed.

DoD/VHA Joint Pain Education Project
Friedhelm Sandbrink, MD
Steven R. Hanling, MD

Pain-Assessment Screening Tool and Outcomes Registry (PASTOR): Lessons Learned During Initial 2 Years of Use at Madigan Army, Balboa Navy, and Walter Reed National Military Medical Centers
Diane M. Flynn, MD Col. (ret) MC USA

Building a Functional Restoration Program for Active-Duty Service Members and Veterans and Application to Your Patients
Ivan K. Lesnik, MD
Timothy C. Dawson, MD
CONCURRENT SESSIONS

1:30–3 pm
Intrathecal Therapies in the Non-Cancer Pain Patient (309)
AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques in pain management. Intrathecal drug delivery system (IDDS) therapy is effective treatment for many intractable pain conditions, but the success of the therapy is dependent on several key considerations, including medication selection, dose and infusion strategies, and patient factors. This course identifies and explains those factors that will help the practitioner improve outcomes with IDDS therapy and also compares and contrasts IDDS to spinal cord stimulation (SCS) therapy for the refractory back pain patient.

Drug Distribution and Uptake in the Thecal Sac
Jason E. Paps, MD

Ziconotide-Trial and Infusion Strategies
Timothy R. Deer, MD

Strategies to Optimize Outcomes in IDDS Therapy for Patients with Non-Cancer Pain
Salim M. Hayek, MD PhD

IDDS Versus SCS in the Patient with Refractory Axial Back Pain: IDDS Is the Preferred Treatment
Salim M. Hayek, MD PhD

IDDS Versus SCS in the Patient with Refractory Axial Back Pain: SCS Is the Preferred Treatment
Timothy R. Deer, MD

1:30–3 pm
American Headache Society Program: Chronic Migraine Education Program (310)
The Chronic Migraine Education Program (CMEP), an educational initiative of the American Headache Society, conveys the incredible progress in headache medicine. This session discusses advances in diagnosis and insights into risk factors and mechanisms leading to migraine progression. It also reviews biological theories that emerge from animal models and human studies of epidemiology, genetics, and neuroimaging. The CMEP is designed to provide a comprehensive understanding of migraine, including how to better diagnose and treat these serious problems.

Transitions, Risk Factors, and Barriers to Care
Richard Lipton, MD

Pathophysiology of Chronic Migraine and Episodic Migraine
Andrew C. Charles, MD

Diagnosis of Chronic Migraine and Episodic Migraine
David W. Dodick, MD

4:15–5:45 pm
Pain Curriculum Development for Primary Care Practitioners (311)
Participants in this session, which includes small-group discussion, use published core competencies in integrative pain care (IPC) for primary care practitioners to examine the education gap for delivering high-quality, interprofessional IPC upon entry into professional practice. The session also identifies strategic priorities and practical strategies for closing this gap.

Implementing Core Competencies for Integrative Pain Medicine in Undergraduate Medical Education
Jane C. Ballantyne, MD FRCA

Core Competencies in Integrative Pain Care: To What Extent Is Residency Education Preparing Future Primary Care Physicians?
Heather Tick, MD

4:15–5:45 pm
Patient Aligned Care Team (PACT) (312)
This session details the progression of biopsychosocial stepped pain care from the patient’s medical home, to the PACT, and to pain medicine specialty care, elaborating on the six essential elements of good pain care that narrow the performance gap between current and optimal practice for both pain medicine and PACT. It also explores the Opioid Safety Initiative, a focused program that builds on Veterans Health Administration (VHA) efforts to promote safe and effective use of opioid therapy for chronic pain management, by highlighting two innovative VA facility initiatives.

The VA Opioid Safety Initiative and a Fully Integrated Primary Care Medical Home, PACT, Population-Based Approach to Pain Management
Stephen Eraker, MD MPH FACP

The Six Essential Elements of Good Pain Care from Pain Medicine Specialty to the PACT
Stephen Hunt, MD
Lucile Burgo-Black, MD

The Minneapolis VA Medical Center Experience
Peter Marshall, MD

The Atlanta VA Medical Center Experience
Michael Saenger, MD FACP

4:15–5:45 pm
Cost-Effectiveness of Interventional Pain Therapy (313)
AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques in pain management. Pain therapies are under increasing scrutiny to demonstrate not only clinical effectiveness, but also cost effectiveness. This session reviews the cost savings attributable to the use of interventional approaches to manage chronic back and leg pain using epidural steroid injections, spinal cord stimulation, and intrathecal drug delivery. In addition, it provides data on the cost savings that result from utilizing interventional techniques to manage pain in select populations.

Cost Savings Attributable to the Use of Spinal Cord Stimulation
Nagy A. Mekhail, MD PhD
Robert Bolash, MD

Billing and Reimbursement for Neuromodulation Devices
Ramsin M. Benyamin, MD
4:15–5:45 pm
The Nuts and Bolts of Integrating a Psychologist into Your Practice (314) PC
This session discusses the logistics of adding a psychologist to your medi-
cal practice, detailing how it is possible and financially sustainable in private
practice, community, and academic settings. In addition, interprofessional
training opportunities are discussed.

A Sustainable Plan for a Pain Psychologist in Your Practice
Ajay Wasan, MD MSc

Personal and Professional Characteristics of a Successful Pain Psychologist: Setting Up a Psychology Practice Within a Pain Medicine Setting as Well as a Primary Care Setting
Sue Jarquin, PhD

Strategies for Effective Collaboration
Jeannie Sperry, PhD

Screening for Psychological Conditions in Patients with Chronic Pain
Karl Haake, MD

Sunday, February 21

8:30–9:30 am
Non-Pharmaceutical/Integrative Therapies Pearls (401) PC
If you are looking for a fast-paced, targeted, interactive approach to integra-
tive pain medicine treatment, look no further. This clinical pearls session is
the quickest and most efficient way to cover key concepts on multiple treat-
ment topics, exploring three topics of particular interest to pain clinicians.

Moderator
Heather Tick, MD

The Evolution of Evidence-Based Hypnotic Techniques in Acute Care Settings
Elvira V. Lang, MD PhD FSIR FSCEH

Spirituality and Religion-Based Therapies Across the Continuum of Pain and Suffering
Marta Illueca, MD FAAP

Acupressure vs. Trigger-Point Massage: Evidence-Based Recommendations
Beth B. Hogans, MD PhD

8:30–9:30 am
Best Pain Care at Lower Cost: Collaborative Health Outcomes Information Registry (CHOIR) as a Model Platform for Learning Health Systems (402)
The Institute of Medicine and National Pain Strategy called for patient regis-
tries that serve as platforms for learning health system (LHS). This session de-
scribes LHS and existing LHS platforms, illustrating these tools by discussing
the open source and free Collaborative Health Outcomes Information Registry
(CHOIR). In addition, faculty members share their experiences in transforming
their organizations, including early success stories in care coordination, patient
experience, data utility, clinical research, and quality of care.

Learning Health Systems: Delivering Coordinated, Data-Based Care at the Bedside for Best Care and Experience
Ming-Chih Kao, MD PhD

Realizing the Institute of Medicine’s Vision of Learning Health Systems
Sean Mackey, MD PhD

Leveraging the Learning Health System Platform to Deliver Coordinated Pain Care: A Collaboration with Primary Care
Robert W. Hurley, MD PhD

8:30–9:30 am
Practical Advice for Real-World Practice: Facilitating Self-
Management in Challenging Patients (403) PC
Patient self-management is necessary in chronic pain and every other condi-
tion for which there is no medical cure. This session provides practical ad-
vice for the busy practitioner who needs to help patients move from a focus on
medical solutions to engagement in self-management efforts. Special atten-
tion is provided for the “difficult patient,” and useful tools for facilitating
self-care in individuals with chronic pain will be highlighted.

Foundations for Self-Management: The Sooner the Better
Jennifer L. Murphy, PhD

Helping “Difficult Patients” Help Themselves
Anthony J. Mariano, PhD

9:45–10:45 am
Clinical Pearls of Pain Medicine (404) PC
In the next few years, predicting treatment responses via genetic and other
testing will have a tremendous impact on the practice of pain medicine. This
is an area of new and exponentially growing information. This clinical pearls
session provides insights on the need for predictors of analgesic response,
explaining how genetic testing can assist in the clinical care of patients with
chronic pain.

Introduction to Genetics
Steven Richeimer, MD

Predictors of Analgesic Response: What, Why, and How?
Miroslav “Misha” Backonja, MD

The Genetics of Pain Perception
Luda Diatchenko, MD PhD

9:45–10:45 am
Creating Effective Simulation and Immersive Learning Experiences for Pain Medicine Education (405) PC
An engaging method for teaching various topics related to pain medicine in-
cludes the use of simulation and immersive learning. However, educators
may be reluctant to trial this method for a number of reasons, including a
lack of training in simulation and difficulty measuring learning outcomes.
This session, which includes experts in simulation and pain medicine, guides
participants in how to effectively utilize simulation and immersive learning.
Elements of Effective Simulation and Immersive Learning Experiences in Pain Medicine
Jordan L. Newmark, MD

Use of Standardized Patients in Pain Medicine
Jordan L. Newmark, MD

Selection of Relevant Topics and Curriculum Design
Bryan C. Hoelzer, MD

Measurement and Assessment of Learning
Naileshni S. Singh, MD

9:45–10:45 am
Challenging Headaches: What to Do? Understanding the Roles of IV Infusions, Nerve Blocks, Neuromodulation, and Behavior Modifications (406) PC
Particularly challenging, but common, headache situations include the patient with a history of headache who presents with a subacute, intractable exacerbation refractory to their usual abortive regimen and the patient with chronic daily headache. This session presents an evidence-based treatment algorithm to treat chronic daily headache, including the role of neuromodulation. It also focuses on evidence-based parenteral infusions and interventions that can be used to deal with subacute, severe, intractable exacerbations.

Parenteral Treatments of Intractable Headache Exacerbations
James C. Watson, MD

Classification and Treatment of Chronic Daily Headache
Zahid H. Bajwa, MD

Interventional Treatments of Intractable Headache Exacerbations and Neuromodulation for Chronic Headaches
Samer Narouze, MD PhD

11 am–Noon
Practice Issues and Professional Development (407) PC
This session explores safety concerns related to medication, sleep, tobacco, and cannabis use and the ethical dilemmas prescribers face daily in their practices. In addressing these issues from the perspectives of healthcare providers, including clinical pharmacists, it provides helpful information on medication management safeguards.

Cannabis, Tobacco Use, Opioids, and Nonrestorative Sleep: Driving and Work Concerns
Gerald M. Aronoff, MD

Medical Marijuana and Opiates: Indications for Use
E. Alfonso Romero-Sandoval, MD PhD

11 am–Noon
Evolving Cancer Pain Syndromes
Amitabh Gulati, MD

A New Understanding of Multimodal Pain Therapy in Cancer Pain Management
Vinay G. Puttanniah, MD

Incorporating Cancer-Specific Paradigms for the Treatment of Cancer Pain
Joseph C. Hung, MD MPOG

11 am–Noon
The Challenging Dyad of Pain Medicine: Obesity and Chronic Pain (409) PC
The pain complaints and comorbidities of obese patients can challenge the scope of practice of any single medical specialty. This session discusses the strategies, tools, and infrastructure needed for the treatment of obesity that already exist in the realm of pain medicine. It also explores the strategies for extension of skills and knowledge of pain physicians, including nuances of interplay between these two very common problems, as well as tools for simultaneous management of these conditions.

Mechanisms of the Obesity and Pain Relationship
Dmitri Souzdalnitski, MD PhD

Interventional Treatments in Obesity and Pain Management
Dmitri Souzdalnitski, MD PhD

Pharmacotherapy of Obesity and Chronic Pain States
Samer Narouze, MD PhD

The American Academy of Pain Medicine’s 32nd Annual Meeting is Tweet-friendly!
Tweet and follow #PainMed2016.
We can’t wait to hear from you!
John Corey, MD
Vanderbilt University Medical Center
Nashville, TN

Edward C. Covington, MD
Cleveland Clinic Foundation
Cleveland, OH

Beth D. Darnall, PhD
Stanford University
Palo Alto, CA

Richard C. Dart, MD PhD
Rocky Mountain Poison and Drug Center
Denver, CO

Sara A. Davin, PsyD MPH
Cleveland Clinic Neurological Institute
Cleveland, OH

Fred N. Davis, MD
Michigan State College of Human Medicine
Caledonia, MI

Timothy C. Dawson, MD
VA Puget Sound Health Care System
Mercer Island, WA

Timothy R. Deer, MD
Center for Pain Relief, Inc.
Charleston, WV

Luda Diatchenko, MD PhD
McGill University
Montreal, QC, Canada

David W. Dodick, MD
Mayo Clinic
Phoenix, AZ

Eman Elkadry, MD
Mount Auburn Hospital
Quincy, MA

Stephen Eraker, MD MPH FACP
VA Puget Sound Health Care System
Kirkland, WA

Scott M. Fishman, MD
University of California–Davis School of Medicine
Sacramento, CA

Diane M. Flynn, MD Col. (ret) MC USA
Madigan Army Medical Center
Tacoma, WA

Rollin M. Gallagher, MD MPH
Philadelphia VA Medical Center
Philadelphia, PA

Halena Gazelka, MD
Mayo Clinic
Rochester, MN

Jeffrey A. Gudin, MD
Englewood Hospital and Medical Center
Englewood, NJ

Amitabh Gulati, MD
Memorial Sloan Kettering Cancer Center
New York, NY

Karl Haake, MD
Missouri Primary Care Association
Jefferson City, MO

Jennifer Hah, MD MS
Stanford University
Palo Alto, CA

Robin Hamill-Ruth, MD
University of Virginia Health System
Charlottesville, VA

Steven R. Hanling, MD
Uniformed Services University of the Health Sciences
San Diego, CA

Patrice A. Harris, MD MA
American Medical Association
Chicago, IL

Salim M. Hayek, MD PhD
Case Western Reserve University
Cleveland, OH

Bryan C. Hoelzer, MD
Mayo Clinic
Rochester, MN

Beth B. Hogans, MD PhD
Johns Hopkins School of Medicine
Baltimore, MD

W. Michael Hooten, MD
Mayo Clinic
Rochester, MN

Joseph C. Hung, MD
Memorial Sloan Kettering Cancer Center
New York, NY

Stephen Hunt, MD
University of Washington School of Medicine, Occupational and Environmental Medicine (OEM) Program
Seattle, WA

Robert W. Hurley, MD PhD
Medical College of Wisconsin Pain Center
Wauwatosa, WI

Marta Illueca, MD FAAP
Yale Divinity School
New Haven, CT

Paul J. Jannetto, PhD
Mayo Clinic
Rochester, MN

Sue Jarquin, PhD
University of Pittsburgh Medical Center
Pittsburgh, PA

Michael M. Kamdar, MD
Massachusetts General Hospital
Boston, MA

Ming-Chih Kao, MD PhD
Stanford University
Redwood City, CA

Leonardo Kapural, MD PhD
Carolinas Pain Institute and Center for Clinical Research
Winston-Salem, NC

Syeda Sabah A. Kareem, PharmD
St. Joseph's Hospital
Tampa, FL
Michael L. Kent, MD CDR MC USN
Walter Reed National Military Medical Center
Rockville, MD

Max M. Klein, PhD
Massachusetts General Hospital
Boston, MA

Erie E. Krebs, MD MPH
Minneapolis VA Health Care System
Minneapolis MN

Tim J. Lamer, MD
Mayo Clinic
Rochester, MN

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Brookline, MA

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Orange, CA

Ivan K. Lesnik, MD
University of Washington, Harborview Medical Center
Seattle, WA

Richard Lipton, MD
Albert Einstein College of Medicine
Bronx, NY

Sean Mackey, MD PhD
Stanford University
Palo Alto, CA

Gagan Mahajan, MD
University of California–Davis
Sacramento, CA

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VA Puget Sound Health Care System
Seattle, WA

Peter Marshall, MD
Minneapolis VA Medical Center
Minneapolis, MN

Bill McCarberg, MD
Neighborhood Healthcare
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Louis Stokes VAMC
Cleveland, OH

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Marathon Physical Therapy and Sports Medicine, LLC
Norton, MA

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Cleveland, OH

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Institut für Anatomie und Zellbiologie
Heidelberg, Germany

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Akron, OH

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Oakland, CA

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Santa Rosa, CA

Linda Porter, PhD
National Institutes of Health
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Redwood City, CA

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Los Angeles, CA

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Presbyterian College School of Pharmacy
Clinton, SC

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Atlanta VA Medical Center
Decatur, GA

Friedhelm Sandbrink, MD
Washington DC VA Medical Center
Bethesda, MD

Paola Sandroni, MD PhD
Mayo Clinic
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Bellevue, WA

Judith Scheman, PhD
Cleveland Clinic Foundation
Cleveland, OH

Caryn L. Seebach, PsyD
Washington DC VAMC
Washington, DC

Marvin D. Seppala, MD
Hazelten Betty Ford Foundation
Center City, MN

Jay P. Shah, MD
NIH Clinical Center
Bethesda, MD

Naileshni S. Singh, MD
University of California–Davis
Sacramento, CA

Christopher M. Sobey, MD
Vanderbilt University Medical Center
Nashville, TN

Dmitri Souzdalnitski, MD PhD
Western Reserve Hospital and Ohio University
Cuyahoga Falls, OH

Jeannie Sperry, PhD
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Rochester, MN

Steven P. Stanos Jr., DO
Swedish Health Services
Seattle, WA

Richard L. Stieg, MD MHS
Private Practice
Aurora, CO

Jacob J. Strand, MD
Mayo Clinic
Rochester, MN

David J. Tauben, MD
University of Washington
Seattle, WA

Patricia Thomas, MD FACP
Case Western Reserve University School of Medicine
Cleveland, OH

Heather Tick, MD
University of Washington
Seattle, WA

Jodie A. Trafton, PhD
VHA Office of Mental Health Operations
Menlo Park, CA

Mark A. Ware, MD MSc
McGill University
Montreal, QC, Canada

Ajay Wasan, MD MSc
University of Pittsburgh Medical Center
Pittsburgh, PA

James C. Watson, MD
Mayo Clinic
Rochester, MN

Judy Watt-Watson, PhD MSc RN
University of Toronto, Bloomberg Faculty of Nursing
Toronto, ON, Canada

Lynn R. Webster, MD
PRA Health Sciences
Salt Lake City, UT

For the most current information and to register for the meeting, visit www.painmed.org/annualmeeting.
Membership and Registration

AAPM members rate the Annual Meeting as one of the most important benefits of their membership. Join today to take advantage of special join-and-register rates and become part of the premier association for pain.

Membership Categories

Active Physician Members
Active members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada. These physicians spend a significant portion of their professional activities within the field of pain medicine or related disciplines.

Affiliate Members (Nonphysician Healthcare Professionals)
This membership category is available to nonphysician professionals in the United States or Canada who are clinical healthcare professionals involved in direct care of patients with pain (clinical practice affiliate) or whose principal professional responsibilities support the field of pain management (nonclinical practice affiliate).

Clinical Practice Affiliate members must be (or be eligible to be) licensed, registered, or certified in good standing in a healthcare profession that provides direct patient care as part of a pain care team.

Nonclinical Affiliate members do not provide direct patient care, and their principal professional responsibilities support the field of pain medicine.

Resident and Trainee Members
Resident and trainee members must be enrolled and in good standing in a residency or fellowship program approved by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association at an institution within the United States or Canada.

Student Members
Students must be enrolled and in good standing in an accredited graduate-level program in the United States or Canada, leading to licensure, certification, or registration in a clinical healthcare profession that is involved in direct care of patients with pain.

Join-and-Register Offers

Physicians planning to register for the AAPM Annual Meeting who are not currently AAPM members can take advantage of special join-and-register rates. For an additional $90 added to the nonmember Annual Meeting registration rate, qualifying physicians become AAPM active physician members for an entire year and receive the many benefits an AAPM membership has to offer. You can also register for preconference sessions at member rates if you join and register today.

Those qualifying for Affiliate membership as described above are also eligible for the join-and-register rate that offers significant savings to attend the AAPM Annual Meeting and the opportunity to register at member rates for preconference sessions.

Please note: See the AAPM membership application on page 21 for the documents required to become a member and receive applicable registration rates. These documents must be submitted with the membership application and registration form. If these documents are not received, you will be registered and charged at the nonmember rates. Documents can be faxed to 847.375.6477 or e-mailed to info@painmed.org.

AAPM members enjoy many benefits, including

- discounts on attending the Annual Meeting
- member pricing on CME and non-CME education products
- subscription to Pain Medicine, a peer-reviewed indexed journal (12 issues per year)
- subscription to AAPM e-News, a biweekly e-newsletter with the most current information on pain medicine
- subscription to Pain Medicine Network, AAPM’s newsletter
- access to the library of pain medicine resources, position statements, and coding information on AAPM’s website at www.painmed.org
- access to AAPM’s Career Center.

Palm Springs, CA

We invite you to Palm Springs, one of most popular vacation destinations in the United States and home to the sun-drenched desert oasis, full of modern architectural design aficionados, musicians, and artists drawn by nature’s inspiration and an increasing crowd of cool-seekers. You will find incredibly unique museums, as well as beautiful public gardens and walking paths inspired by Vincent Van Gogh’s paintings. The city also is perfect for exploring boutique shops and dining al fresco under the warm sun.

For more information regarding things to do during your visit, please visit www.palm-springs.org.

Travel

The closest airport to the Renaissance Palm Springs Hotel, located approximately 2 miles away, is the Palm Springs International Airport (PSP). Please visit the Palm Springs International Airport website for more information: www.palmspringsca.gov/government/departments/aviation-palm-springs-international-airport-psp

Airline

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

You may book online at www.united.com and enter your Offer Code ZVRZ68962 in the Offer Code box when searching for your flights. If booking through a travel professional or United Meetings at 800.426.1122, please give them the following information:

Agreement Code: 468962  Z Code: ZVRZ

Hotel

The Renaissance Palm Springs Hotel has been chosen as the headquarters hotel for the conference.

Renewal Palm Springs Hotel
888 E. Tahquitz Canyon Way
Palm Springs, CA 92262
760.322.6000
Rate: $179 (single/double)*
Cutoff Date: January 12, 2016
*This special rate will apply until the cutoff date, or when the room block is filled; at that point, other rates may apply.

Link for Hotel Reservations:
www.painmed.org/annualmeeting

The Renaissance Palm Springs Hotel rests at the foot of the San Jacinto Mountains. The Coachella Valley hotel near the Palm Springs Aerial Tramway and Convention Center is the perfect destination for leisure and business travelers. Enjoy easy access to museums, art galleries, and activities in and around downtown. Discover upscale dining experiences in a casual setting. Spacious guest rooms offer plush bedding, marble bathrooms, and modern technologies for a comfortable night’s slumber. After an action-packed day, enjoy a late-night swim in the heated outdoor pool, one of the desert’s largest, or get cozy in a private cabana and relax under swaying palm trees. The Renaissance Palm Springs offers a desert resort atmosphere with a cosmopolitan flair.
THANK YOU FOR YOUR INTEREST IN JOINING THE AMERICAN ACADEMY OF PAIN MEDICINE.

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

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

Affiliate Members are nonphysician professionals in the United States or Canada who are clinical healthcare professionals involved in direct care of patients with pain (clinical practice affiliates) or whose principal professional responsibilities support the field of pain medicine (nonclinical affiliates).

Clinical Practice Affiliate Members must be (or be eligible to be) licensed, registered, or certified in good standing in a healthcare profession that provides direct patient care as part of a pain care team. The healthcare provider license must be in good standing and will be verified online.

Nonclinical Affiliate Members do not provide direct patient care but their principal professional responsibilities support the field of pain medicine. Applicants must provide a resume or curriculum vitae and a signed application from their employers if applicable.

Resident and Trainee Members must provide a letter or e-mail from their current department head or program director, verifying residency or fellowship and good standing (see specific member requirements on page 20). Please indicate medical license information below if applicable.

Student Members must provide a letter from their institution, verifying enrollment and good standing in an accredited graduate-level program (see specific member requirements on page 20).

- Active Physician Membership ($390)
- International Membership ($290)
- Clinical Practice Affiliate Membership ($190)
- Nonclinical Affiliate Membership ($190)
- Student Membership ($0)
- Resident ($0)
- Trainee in Fellowship Program ($0)

Name _______________________________________________________________
Professional degree(s)_______________________________________________

Mailing address (office) _______________________________________ City ______________________________________State ________ Zip code ____________
Mailing address (home) _______________________________________ City ______________________________________State ________ Zip code ____________

Phone (office) __________________________________________ Fax ( home office)
Phone (home) __________________ Phone (cell): __________________ E-mail (home) __________________ E-mail (office) __________________________

Date of birth__________________What is your specialty of origin? ______________________________________________________________________________
Area of expertise: _________________________________________ Primary work setting: __________________
Highest degree earned: __________________ Primary position: __________________
Board certification earned: __________________ Primary responsibility: __________________
Primary specialty:  _________________________________________

Number of patients you personally see each week:

- Fewer than 25
- 25–49
- 50–74
- 75–99
- 100–124
- 125–149
- 150–174
- 175–200
- More than 200

Required: Professional Licensure: Type __________________________________ State ________ Date ____________ License Number ________________

Is your license restricted?  yes  no  If yes, please explain ______________________________________________________________________________

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

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

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

Physicians only: Are you a Diplomate of the American Board of Pain Medicine?  yes  no  Years of experience in pain medicine________

Payment  Check (made payable to AAPM)  MasterCard  Visa  Discover  American Express
Account number __________________________ Expiration Date __________ Signature __________________ Date ____________

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

Do you have a question about membership? Contact the AAPM Membership Marketing Manager at kkathan@painmed.org.
Build your CONFERENCE.

Step 1
Select your meeting.

Choose A or B
Annual Meeting (3 days or 1 day)

Choose C or D
Choose one of two Ultrasound/Cadaver Programs

Step 2
Add a preconference session or attend a preconference session only.

If you would like to attend a preconference session only, go directly to step 2.

Choose B
Essential Tools for Treating the Patient in Pain™, and add Friday of Annual Meeting and/or Handouts

Choose D
Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient

Step 3
Add options.

Add E
Guest Registration and/or AAPM Foundation Donation and/or Fellows Scholarship Donation

Step 4
Total
Be sure to take advantage of early bird discounts!

Going to Essentials, but still want to experience the Annual Meeting? Register for Essentials and 1 day of the Annual Meeting (Friday only).

<table>
<thead>
<tr>
<th>Wednesday</th>
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<th>Saturday</th>
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<tbody>
<tr>
<td>Ultrasound/Cadaver Preconferences</td>
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<td>Annual Meeting</td>
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<td>Medications Management Preconference</td>
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<td>Essentials™</td>
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<td>Welcome Reception 5:15–6:45 pm</td>
<td>Reception 6–7:30 pm</td>
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22
# AAPM 32ND ANNUAL MEETING REGISTRATION FORM

February 18–21, 2016 • Palm Springs

Annual Meeting begins with an opening reception at 5 pm on February 18.
Preconference sessions: February 17–18, 2016

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

Full name ___________________________ First name for badge ___________________________ Credentials ___________________________

Facility ___________________________ Facility City/State ___________________________

Preferred address ( □ Home □ Office) ___________________________ City/State/ZIP ___________________________

Emergency contact name ___________________________ Day phone ___________________________ Evening phone ___________________________

## AAPM Annual Meeting, February 18–21

### AAPM Annual Meeting Rates

<table>
<thead>
<tr>
<th></th>
<th>AAPM Physician Member</th>
<th>AAPM Affiliate Member</th>
<th>AAPM Student, Resident or Trainee Member</th>
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<td>Before After</td>
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<td>Before After After</td>
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<tr>
<td>Full Annual Meeting</td>
<td>$880 $980</td>
<td>$880 $870</td>
<td>$200 $200 $325 $425</td>
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Join AAPM + Register for the Annual Meeting = SAVE Full Annual Meeting + 1 Year AAPM Membership (See page 20 for AAPM membership details.)

### Special AAPM Member Prices

<table>
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<td>AAPM Annual Meeting</td>
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### Military Discount

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<td>AAPM Annual Meeting</td>
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### Add-On Options

- Annual Meeting—Friday Only February 19, 2016
  - $425 $525
- Annual Meeting—Saturday Only February 20, 2016
  - $425 $525
- Annual Meeting—Sunday Only February 21, 2016
  - $200 $300

- Essentials Registants only
  - $150 $250

### Essentials Add-On Options

- 1-Day Annual Meeting (Friday Only)
  - $625 $725
- Handouts (preprinted for Essentials registrants only)
  - $300 $400

- Total Essentials and Essentials Add-On Options
  - $500 $600

### Subtotal Box A $ ______

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## Essential Tools for Treating the Patient in Pain™, February 20–21

### Essential Tools for Treating the Patient in Pain™ Rates

<table>
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### Special AAPM Member Prices

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<tr>
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### Military Discount

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<tbody>
<tr>
<td>Essential Tools</td>
<td>$295 $295</td>
</tr>
</tbody>
</table>

### Add-On Options

- 3-day Annual Meeting or Essentials
  - $680 $780

### Essentials Add-On Options

- T-Day Annual Meeting (Friday Only)
  - $680 $780
- Handouts (preprinted for Essentials registrants only)
  - $150 $250

### Total Essentials and Essentials Add-On Options

### Subtotal Box B $ ______

---

## Ultrasound/Cadaver Preconference, February 17–18

### Select track:

- Ultrasound (001)
- Ultrasound (002)

<table>
<thead>
<tr>
<th></th>
<th>Before After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound/Cadaver</td>
<td>$1,750 $1,850</td>
</tr>
<tr>
<td>If attending 3-day Annual Meeting or Essentials</td>
<td>$1,500 $1,250</td>
</tr>
</tbody>
</table>

There is no reduced member price. 

### Subtotal Box C $ ______

---

## Medications Management Preconference, February 17–18

### Select track:

- Nonphysician
- Physician

<table>
<thead>
<tr>
<th></th>
<th>Before After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications Management Only</td>
<td>$390 $490</td>
</tr>
<tr>
<td>If also attending 3-day Annual Meeting or Essentials</td>
<td>$290 $390</td>
</tr>
</tbody>
</table>

There is no reduced member price. 

### Subtotal Box D $ ______

---

## Guest Registration/Add Ons

### Guest Registration

Number of Guest Badges _______ x $180 (GST)

### Special Requests

- I will require special assistance. Please contact me. (SA)
- I will need a vegetarian meal. (SDV)
- I will need a kosher meal. (SDK)

### Total

Be sure to complete all boxes: (A or B) + (C or D) + E $ ______

---

## 4 Easy Ways to Register

- **Online**
  - [www.painmed.org](http://www.painmed.org) (Credit card payment only)
- **Phone**
  - 847.375.4731 (Credit card payment only)
- **Fax**
  - 847.375.6407 (Credit card payment only)
- **Mail**
  - AAPM Annual Meeting
  - 8735 W. Higgins Road, Suite 300, Chicago, IL 60631

### Payment

- **MasterCard**
- **Visa**
- **American Express**
- **Discover**
- **Check** (enclosed)

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

### Account number ___________________________ Expiration date ___________________________

Cardholder's name (Please print) ___________________________ Signature ___________________________

If payment does not accompany this form, your registration will not be processed. Full payment must be postmarked on or before January 12, 2016, to qualify for early bird rates. A $25 fee will be applied to mailed registration. Cancellation Policy: All cancellations must be submitted in writing. A $100 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after January 18, 2016. All refunds will be processed after the Annual Meeting.
Register by December 31 for early bird discounts.

32nd Annual Meeting
AAPM 2016 Annual Meeting Preliminary Program
Palm Springs Convention Center | Palm Springs, CA
February 18–21, 2016

Register Now to Attend!

- Earn up to 34.5 AMA PRA Category 1 Credit(s)™.
- 21 new courses covering topics like ultrasound, chronic migraines, and what's trending in pain medicine
- Newly updated and reformatted Essential Tools for Treating the Patient in Pain™ now on Saturday and Sunday
- Preconference programming including Ultrasound/Cadaver Programs, Opioid and Non-Opioid Medications Management Program
- Interventional and neuromodulation programming presented in collaboration with the North American Neuromodulation Society (NANS)
- The AAPM Resource Center is the place to go to learn about all that's happening; more than 100 companies will be in attendance.
- You can even build your own meeting. Create an event package to suit your individual requirements; you can book your sessions and build in all the extras you need.

Register at www.painmed.org/annualmeeting.