

the AMERICAN ACADEMY *of* PAIN MEDICINE

PAIN MEDICINE PALM SPRINGS

ADVANCING THE SCIENCE & PRACTICE OF PAIN MEDICINE

FEBRUARY 23–26, 2012

PRECONFERENCE SESSIONS BEGIN FEBRUARY 22, 2012



28TH ANNUAL MEETING • PALM SPRINGS, CA



WELCOME FROM THE PRESIDENT

Dear Colleagues,

It is my distinct privilege to invite you to the American Academy of Pain Medicine's (AAPM) 28th Annual Meeting, February 23–26, 2012, in Palm Springs, CA. If there is one compelling reason that I could give you as to why you should attend the AAPM meeting in February, it would be that "This is our time!"

For the past 28 years, AAPM members and leaders have forged new trails researching and discovering the emerging areas of the science of pain medicine. Together, we have collaborated across the specialties that treat pain to broaden our understanding and created a foundation of science to improve care for our patients. We marshaled technological progress to advance research, diagnosis, and the treatment of pain. Additionally, we have advocated passionately for more and better education in the medical profession, in medical schools, and for patients.

The recently released Institute of Medicine (IOM) report on pain advocates for many of the axioms we have embraced. It substantiates that our cause has indeed been worth the fight. Now, more than ever, we need to run through the finish line and that is why none of us should miss the outstanding pain education presented at AAPM's 2012 Annual Meeting in Palm Springs. This meeting gives us a forum to gather together to embrace the latest knowledge on the science, practice, and advocacy issues that surround pain. It also affords us the opportunity to embrace and begin actualizing the IOM report to complete our mission to eliminate the major public health problem of pain by advancing the practice and specialty of pain medicine.

AAPM's 2012 Annual Meeting is geared to put you at the forefront of pain medicine. There will be plenary sessions with some fascinating science from internationally renowned experts in pain:

- Linda R. Watkins, PhD, will discuss breaking scientific news on the immune and glial factors within the peripheral and central nervous systems that relate to chronic pain states
- Daniel J. Clauw, MD, will take us to the forefront of central mechanisms in pain syndromes.

In addition, there will be scientific sessions (see p. 11) that broaden our understanding on special pain topics, such as myofascial pain, palliative medicine, psychological screening, public health, and military pain. We will explore the newest science of pain research and techniques, and we will be updated on regulatory, legislative, and practice management issues that affect our everyday world. Look through these pages to see complete descriptions of all the outstanding sessions, but don't delay in registering because space in various sessions may be limited to those who register in advance. This is our day!

The IOM calls for collaboration with colleagues in primary care, and the 2012 Annual Meeting offers a special opportunity for pain specialists to invite their primary care colleagues to attend and update their knowledge and skills. Both the Essential Tools for Treating the Patient in Pain™ preconference course (see p. 8) and the Safe Opioid Prescribing course (see p. 10) are specifically designed to educate primary care physicians and clinicians on key topics in pain. These courses offer the perfect opportunity to reach out to colleagues who are in your referral network.

This is our day!—A day to rise to the cause for better pain care.

Reserve your spot. Make your travel plans. Help AAPM take the lead on the IOM report on pain action plan so that tomorrow sees a day when people with pain can live productive and fulfilling lives.

A handwritten signature in black ink, appearing to read "Perry G. Fine".

Perry G. Fine, MD
AAPM President

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 28th Annual Meeting for a maximum of 30.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAPM 28th Annual Meeting and Related Education Programs

- 28th Annual Meeting..... 14.25 credits
- Essential Tools for Treating the Patient in Pain™..... 16 credits
- Cadaver Workshop..... Not eligible for CME credits
- Ultrasound Guidance for the Pain Physician 4 credits

Please note: Attendees cannot receive credit for simultaneous sessions, including preconference sessions and concurrent workshops. The highest number of credits can be earned by combining the 28th Annual Meeting and Essential Tools for Treating the Patient in Pain™, which will provide a maximum of 30.25 CME credits.

American Academy of Family Physicians (AAFP)

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

American Academy of Physician Assistants (AAPA)

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

DISCLOSURE

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

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

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

SYLLABUS FORMAT

Registrants will be able to view, download, and print faculty slides and presentation information on the website 1 week prior to the 28th Annual Meeting and after the meeting.

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



Explore the newest science of pain.

Learn more about the regulatory, legislative, and practice management issues that affect our pain practices.



WHO SHOULD ATTEND

AAPM educational programming is targeted to pain medicine practitioners and all healthcare professionals seeking to increase their knowledge, competence, and performance in pain medicine through evidence-based research, clinical practice standards and guidelines, and interactive educational strategies.

WHY YOU SHOULD ATTEND

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

MEETING OBJECTIVES

After attending this meeting, participants should be better able to

- Assess, diagnose, and evaluate patients with a variety of acute and chronic pain disorders.
- Develop appropriate goals and longitudinal treatment plans for patients with acute and chronic pain.
- Identify, treat, or appropriately refer patients with addiction and other psychological disorders.
- Implement new therapies, techniques, and diagnostic procedures in pain management.
- Improve safety and decrease risks associated with established pain medicine treatment plans and interventions.
- Improve the assessment, evaluation, and treatment of chronic pain patients with psychological issues.
- Evaluate the legal, ethical, and regulatory issues surrounding the practice of pain medicine.
- Implement strategies and processes for providing patient-centered pain care in a changing healthcare environment.
- Maximize efficiencies and improve the business model of pain medicine.

2012 ANNUAL MEETING DESIRED OUTCOMES

- Foster and maintain a competent work force of pain medicine clinicians.
- Demonstrate measurable improvements in competence and knowledge in the interdisciplinary practice of pain medicine.
- Implement changes in prescribing patterns that reduce risks and improve the safety of the acute and chronic pain population.
- Address and overcome system barriers to improve the delivery of pain care throughout the healthcare continuum.
- Advance practice-based learning, interpersonal and communication skills, and professionalism as embraced by the American Board of Medical Specialties (ABMS) Maintenance of Certification.

SPECIAL SERVICES

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

Conference Co-Chairs



Lynn R. Webster, MD
Medical Director
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Adolor Corp. (research); Alkermes, Inc. (research); Allergan, Inc. (research); AstraZeneca (consultant, honoraria, advisory board); Bayer Healthcare (research); BioDelivery Systems International (consultant, honoraria, advisory board, research); Boston Scientific (consultant, honoraria, advisory board, research); Cephalon (consultant, honoraria, advisory board, research); Collegium Pharmaceuticals (research); Covidien (research); Covidien Mallinckrodt (consultant, honoraria, advisory board); Eisai (research); Elan Pharmaceuticals (research); Gilead Sciences (research); GlaxoSmithKline (research); Janssen Pharmaceutical K.K. (consultant, honoraria, advisory board); King Pharmaceuticals (consultant, honoraria, advisory board, research); Meagan Medical (research); Medtronic (research); Nektar Therapeutics (consultant, honoraria, advisory board, research); NeurogesX, Inc. (consultant, honoraria, advisory board, research); Nevro Corporation (consultant, honoraria, advisory board); Pharmacofore, Inc. (consultant, honoraria, advisory board); Purdue Pharma (consultant, honoraria, advisory board); Shionogi USA, Inc. (research); St. Renatus (research); SuCampo Pharma Americas, USA (research); TEVA Pharmaceuticals (Sub-I) (research); Theravance, Inc. (consultant, honoraria, advisory board, research); Xanodyne Pharmaceuticals (research)



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Nothing to disclose

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

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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6 SCHEDULE AT A GLANCE

Wednesday, February 22, Preconference Sessions, Day 1	
7:15–11:30 am	Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know Day 1 (PME)
11:45 am–1 pm	SATELLITE LUNCHEON SYMPOSIUM 1.25 CME
1:15–5:30 pm	Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know Day 1 (PME)

Thursday, February 23, Preconference Sessions, Day 2			
7:15–7:30 am	Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 2 (PME)		
7:30–11:30 am		Cadaver Workshop (CW12)	Ultrasound Guidance for the Pain Physician (001)
11:45 am–1 pm	SATELLITE LUNCHEON SYMPOSIUM 1.25 CME		
1:15–5:15 pm	Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know—Day 2 (PME)* <i>*Ends at 5:30 pm</i>	Cadaver Workshop (CW12)	
5:15–6:45 pm	AAPM 28TH ANNUAL MEETING WELCOME RECEPTION EXHIBITS & POSTER SESSIONS (GROUP 1)		
6:45–8 pm	SATELLITE DINNER SYMPOSIUM 1.25 CME		

Friday, February 24, Meeting Day 1				
6:30–7:45 am	SATELLITE BREAKFAST SYMPOSIUM 1.25 CME			
8–8:15 am	AAPM President's Welcome Address (101)			
8:15–9 am	Plenary Session Keynote Presentation (102) Glia as the "Bad Guys": Clinical Implications of Glial Dysregulation of Pain, Opioids, and Other Drugs of Abuse			
9–10 am	BREAK Exhibits and Poster Sessions (Group 1)			
10–11 am	Plenary Session—Central Mechanisms in Pain Syndromes (103)			
11–11:45 am	Plenary Research Highlights (104)			
Noon–1:15 pm	SATELLITE LUNCHEON SYMPOSIUM 1.25 CME			
1:30–2:30 pm	Department of Defense/ Veterans Health Administration VHA Pain Task Force Update (201)	Decisions and Conundrums: Ethics and the Practice of Pain Medicine (202)	Palliative Medicine and the Pain Physician (203)	Opioid-Induced Respiratory Depression and Sleep Apnea (204)
2:30–3:30 pm	BREAK			
3:30–4:30 pm	Neuromodulation in the Military (205)	Healthcare Changes: How Accountable Care Organizations (ACO) Will Impact the Future of Pain Medicine and Implementing Healthcare Reform in Your Practice (206)	Poster Research Highlights (207)	Psychopathology and Chronic Pain: Clinical Pathways and Practical Tools (208)
4:30–4:45 pm	BREAK			
4:45–5:45 pm	Injured Warriors: Post-Traumatic Stress Disorder (PTSD), Brain Trauma, Pain, TBI, and Mental Health (209)	Pain Outcomes Across Multiple Domains: What Should Be Measured and the NIH PROMIS Initiative (210)	Evidence Basis for Practice Parameter Guidelines in Neuropathic Pain Medications (211)	Project ECHO™ (Extension for Community Healthcare Outcomes): Bridging the Gap Between Urban Healthcare Specialists and Providers in Rural Settings (212)
5:45–7:15 pm	AAPM 28TH ANNUAL MEETING RECEPTION EXHIBITS AND POSTER SESSIONS (GROUP 2)			
7:15–8:30 pm	SATELLITE DINNER SYMPOSIUM 1.25 CME			

Saturday, February 25, Meeting Day 2				
6:30–7:45 am	SATELLITE BREAKFAST SYMPOSIUM 1.25 CME			
8–8:45 am	Plenary Session—Public Policy on Prescription Opioids: Are We Trapped Between Scylla and Charybdis? (105)			
8:45–9:45 am	BREAK Exhibits & Poster Sessions (Group 2)			
9:45–11:15 am	Plenary Session—Relieving Pain in America: Institute of Medicine Pain Presentation (106)			
11:30 am–12:45 pm	SATELLITE LUNCHEON SYMPOSIUM 1.25 CME			
1–1:45 pm	AAPM Members' Business Meeting AAPM Awards Presentation			
1:45–2 pm	BREAK			
2–3:30 pm	Acupuncture for Chronic Low Back Pain: Clinical Evidence, the Science, and the Challenge (301)	Acute Pain Medicine: What It Is, Why It Is Needed, and How We Train for It (302)	Evidence-Based Guidelines for Implantable Devices: Intrathecal Drug Delivery and Spinal Cord Stimulation (303)	Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness: New Developments for Chronic Pain Management (304)
3:30–3:45 pm	BREAK			
3:45–5:15 pm	Future Direction of Pain Medicine (305)	Why Skin Matters: New Assessment and Treatment Tools for Acute and Chronic Pain (306)	Improved Pain Medicine Outcomes Through Implantable Devices (307)	Sacroiliac (SI) Joint Pain: Anatomy and Neuroablative Therapies (308)
5:30–6:45 pm	SATELLITE DINNER SYMPOSIUM 1.25 CME			

Sunday, February 26, Meeting Day 3				
7–8:15 am	SATELLITE BREAKFAST SYMPOSIUM 1.25 CME			
8:30–9:30 am	Intrathecal Medications for Chronic Pain: An Update (401)	The Role of the Primary Care Provider in Comprehensive Pain Management (402)	The Interface Between Pain Medicine and Hospice and Palliative Medicine: Critical Partnership Opportunities (403)	Evidence Bases for Alternatives in the Treatment of Chronic Pain (404)
9:30–9:45 am	BREAK			
9:45–10:45 am	2012: Coding Update and Preparing for ICD-10 (405)	Psychological Screening and Disease Phenotyping: Predictives of Interventional Pain Procedures Outcomes? (406)	The Great Debate: Medical Marijuana for the Treatment of Chronic Pain (407)	Myofascial and Muscle Pain: Assessment and Treatment Innovations (408)
10:45–11 am	BREAK			
11 am–Noon	National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing (409)	Pediatric Pain (410)	Pain Medicine and Criminal Litigation (411)	Headache and Facial Pain: An Update (412)
Noon–12:30 pm				

NETWORKING OPPORTUNITIES

THURSDAY, FEBRUARY 23

5:15–6:45 pm Welcome Reception

Join friends and colleagues for the Welcome Reception in Oasis 1 and 2. Exhibits and poster sessions (Group 1) will be available for visitation.

FRIDAY, FEBRUARY 24

8–8:15 am AAPM Welcome Address

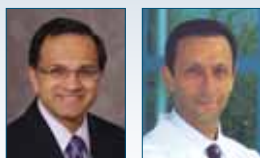
5:45–7:15 pm Reception

Visit the Exhibits and Poster Sessions (Group 2) in Oasis 1 and 2.

SATURDAY, FEBRUARY 25

1–1:45 pm AAPM Members' Business Meeting AAPM Awards Presentation

WEDNESDAY, FEBRUARY 22—THURSDAY, FEBRUARY 23

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

Co-Chairs

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

Essential Tools for Treating the Patient in Pain™ is designed for clinicians interested in obtaining an overview of some of the fundamentals of pain medicine in addition to practical approaches to the treatment of common pain disorders. The course 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.

DAY 1, WEDNESDAY, FEBRUARY 22

7:15–11:30 am, 1:15–5:30 pm

Topics

- The Difficult Pain Patient: Defining the Barriers to Success with Chronic Opioid Therapy
- Acute and Persistent Pain: Neuroanatomy and Neurophysiology
- Pain Psychiatric Interview: A Quick Approach
- Understanding and Treating Neuropathic Pain
- Headache: Evaluation, Examination, and Treatment
- Chronic Opioid Therapy: Strategies for Success
- The Role of UDT, Opioid Consent, and Opioid Agreement in Chronic Opioid Therapy
- Guide to Aberrant Drug Behaviors
- Strategies for Managing the Patient with Addiction and Pain
- Pain and the Law
- The Science Behind Marijuana as an Analgesic
- Case Studies

DAY 2, THURSDAY, FEBRUARY 23

7:15–11:30 am, 1:15–5:30 pm

Topics

- Cervical Spine and Shoulder Pain: Assessment and Physical Exam
- Lumbosacral Spine and Hip Pain: Assessment and Physical Exam
- The Role of Imaging and Electrodiagnostic Studies in Evaluation of Spine Pain
- Interventional Therapies for Spine Pain
- Spine Surgery: Who Needs It?
- Myofascial Pain and Fibromyalgia
- Abdominal and Pelvic Pain
- Cancer-Related Pain and Palliative Care
- Physical Rehabilitation and Modalities
- Complementary and Alternative Therapies
- Case Studies

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

Register online today at www.painmed.org.

THURSDAY, FEBRUARY 23

7:30–11:30 am, 1:15–5:15 pm

Cadaver Workshop (Non-CME Activity) (CW12)*

Co-Chairs

Lora L. Brown, MD (pictured left)
Salim Hayek, MD PhD

The goals of interventional pain medicine physicians are to relieve, reduce, or manage pain and to improve a patient's overall quality of life through minimally invasive techniques specifically designed to diagnose and treat painful conditions. AAPM presents an excellent hands-on opportunity to learn and perform basic and advanced interventional pain medicine procedures in a simulated setting. Participation in this workshop is essential to improving patient safety and patient outcomes in the interventional pain setting.

Building on the success of AAPM's 2011 Cadaver Workshop, this year's program promises to be a highlight of AAPM's preconference educational activities. Cadaver Workshop attendees will be able to select the type of procedures (minimum of 2) that are most relevant to their interventional pain practice by accessing the registration form on AAPM's website at www.painmed.org/cadaver. Final registration is dependent on a number of factors, including availability of your topic selection(s) and the date completed registration materials are received in AAPM's office by fax or USPS. Please register no later than January 20, 2012, to confirm your space in this hands-on workshop.

Faculty

TBD

*For registration information, please log onto www.painmed.org/cadaver.

Due to space limitations, the Cadaver preconference workshop requires a special Cadaver registration packet that can be downloaded at www.painmed.org/cadaver. The application should be returned via mail or fax, and registrations will be taken in order of date received.

THURSDAY, FEBRUARY 23

7:30–11:30 am

Ultrasound Guidance for the Pain Physician (001)

Co-Chairs

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

This workshop provides the ultrasound novice with a hands-on application to practice real-time techniques for common ultrasound procedures and the opportunity to review evidence-based literature regarding feasibility, safety, and outcomes. Attendees will improve both cognitive and practical skills related to the use of ultrasound technology for regional anesthesia and interventional pain procedures.

Building upon the Academy's strong commitment to advance multidisciplinary treatment modalities for chronic pain, attendees who complete the ultrasound imaging workshop (with live models) will have the additional opportunity to simulate and evaluate the effectiveness of ultrasound imagery versus fluoroscopy for multiple joints (e.g., sacroiliac [SI], hip, knee, and shoulder) and paravertebral, intercostal, and stellate ganglion blocks in a cadaver workshop setting. This innovative hands-on learning experience will engage attendees with the distinct advantages and disadvantages between ultrasound imaging and fluoroscopy for each of these interventional chronic pain procedures.

Faculty

Mark-Friedrich B. Hurdle, MD Matthew J. Pingree, MD
Samer Narouze, MD MSc Additional Faculty TBD

Note: The Cadaver and Ultrasound courses are subject to cancellation if attendance levels are not at capacity. The Ultrasound course is limited to 56 registrants.

FRIDAY, FEBRUARY 24

8–8:15 am

AAPM President’s Welcome Address (101)



Perry G. Fine, MD

AAPM President Perry G. Fine, MD, is a professor in the Department of Anesthesiology of the School of Medicine at the University of Utah, where he serves on the faculty in the Pain Research Center and is an attending physician in the Pain Management Center. Dr. Fine serves as the external strategic advisor for Capital Hospice, Washington, DC, and is a consultant to the Center for Advanced Illness Coordinated Care in Albany, NY. He was also selected to serve as the chair of the National Initiative on Pain Control from 2003 to 2008. Dr. Fine is widely published in the fields of pain management and end-of-life care and serves on the editorial boards of several peer-reviewed medical journals. He has also been a team physician for the University of Utah football team for the last 18 years and was a medical officer for the 2002 Winter Olympics in Salt Lake City. He is the recipient of the 2007 American Academy of Hospice and Palliative Medicine Distinguished Hospice Physician Award and the 2008 American Pain Society John and Emma Bonica Public Service Award.

8:15–9 am

Glia as the “Bad Guys”: Clinical Implications of Glial Dysregulation of Pain, Opioids, and Other Drugs of Abuse (102)



Linda R. Watkins, PhD

Glial activation is now broadly recognized as importantly contributing to neuropathic pain in animal models. Recently, their importance in dysregulating the actions of opioids and other drugs of abuse has been discovered as well. Therapeutics targeting glial activation and, specifically, targeting key glial activation receptors are now approaching clinical trials aimed at relieving pain, increasing the clinical efficacy of opioids, and treating drug abuse.

Linda R. Watkins, PhD, the presenter of this year’s Keynote Address, is world renowned for her groundbreaking work in understanding the mechanisms and potential control of pain, and in 2010 was awarded one of Spain’s Prince of Asturias Awards for Technical and Scientific Research for her groundbreaking work in understanding pain mechanisms and the potential control of pain. She has written or cowritten more than 250 book chapters, review articles, and journal articles in addition to her research.

SATURDAY, FEBRUARY 25

8–8:45 am

Public Policy on Prescription Opioids: Are We Trapped Between Scylla and Charybdis? (105)



Keith N. Humphreys, PhD

Prescription opioid prescribing has increased dramatically in the United States since 1998, bringing long-needed pain relief to some and addiction and overdose to others. Public policy debates about how to maximize the benefits and minimize the risks of these potent medications are often polarized, with some viewing all controls as a heartless “war on drugs” and others as reckless endangerment of public health and safety. This presentation explores the basic tensions and tradeoffs of public policy in this area and will also highlight initiatives that could provide a reasonable balance between the need for pain management and the need to avoid addiction to and overdose from prescription opioids.

10–11 am

Central Mechanisms in Pain Syndromes (103)



Daniel J. Clauw, MD

Various treatment options exist for chronic pain syndromes such as fibromyalgia, irritable bowel syndrome, temporomandibular joint disorders, and pelvic pain. This session examines the concepts and understanding of various treatment options available in treating these and other pain syndromes.

Daniel J. Clauw, MD, is currently co-principal investigator for the University of Michigan Discovery Site for the Multidisciplinary Assessment of Pelvic Pain (MAPP) network, focusing on identifying the underlying mechanisms for interstitial cystitis and chronic prostatitis. In addition, he serves as the chair of the MAPP network, which includes six discovery sites, as well as a data and tissue coordinating center.

11–11:45 am

Plenary Research Highlights (104)



Jeffrey M. Tiede, MD MAJ MC USA

Increasing both the quality and quantity of scientific pain research remains a primary goal for the 28th Annual Meeting Planning Committee. The reputation of AAPM as a premier professional service and scientific organization continues to result in a significant increase in the quality of cutting-edge scientific research abstracts. The Scientific Poster Abstract Committee has selected 3 of the highest ranking poster submissions for presentation in this plenary venue. New this year is an additional concurrent session on Friday afternoon that will present 3 more of the highest ranking poster submissions.

MAJ Jeffrey M. Tiede, MD, is chair of the Department of Pain Medicine at Eisenhower Army Medical Center in Fort Gordon, GA. His research interests include novel developments of spinal cord stimulation and functional restoration of wounded warriors. Dr. Tiede has served as chair of the AAPM Scientific Poster Abstract Committee and on the Annual Meeting Program Committee since the 2008 Annual Meeting.

SATURDAY, FEBRUARY 25 (CONTINUED)

9:45–11:15 am

Relieving Pain in America: Institute of Medicine Pain Presentation (106)

The 2010 Patient Protection and Affordable Care Act required the Department of Health and Human Services (HHS) to enlist the Institute of Medicine (IOM) in examining pain as a public health problem. The IOM report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, presented the IOM study committee's findings and recommendations on treating pain as a public health problem. This session, with a panel consisting of IOM study participants, discusses the report findings and actions that must be taken to address the national challenges of better preventing, assessing, treating, and understanding pain of all types.



Moderator
Sean Mackey, MD PhD

Burden of Pain

Olivia D. Carter-Pokras, PhD (invited)

Clinical Care of Pain

John T. Farrar, MD PhD

Pain Education

Kenneth A. Follett, MD PhD

Pain Research

Sean Mackey, MD PhD

Patient's Perspective of Pain

Melanie Thernstrom

The moderator and panel of this plenary session served as members of the Committee on Advancing Pain Research, Education, and Care of the National Academies of Science's IOM.

Sean Mackey, MD PhD, is an associate professor for the departments of anesthesia, neuroscience, and neurology, and chief of the Division of Pain Management at Stanford University School of Medicine in Palo Alto, CA.

Olivia D. Carter-Pokras, PhD, is an associate professor of epidemiology and biostatistics at the University of Maryland College Park School for Public Health in College Park, MD.

John T. Farrar, MD PhD, is an associate professor of epidemiology and director of the Master of Science in Clinical Epidemiology (MSCE) Program at the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania in Philadelphia, PA.

Kenneth A. Follett, MD PhD, is a professor and chief of neurosurgery at the University of Nebraska Medical Center in Omaha, NE.

Melanie Thernstrom, a pain sufferer, is a contributing author of the New York Times Magazine, and author of the book, The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering, a New York Times best seller.

NEW!

SAFE OPIOID PRESCRIBING COURSE

FEBRUARY 25–26, 2012

Reversing the Trend: A National Health Priority**AAPM Safe Opioid Prescribing Curriculum: Longitudinal Prescriber Education Intervention**

In its commitment to advance the quality of pain care and optimize patient health, AAPM has developed a comprehensive curriculum for prescribers of opioids, the *Reversing the Trend: A National Health Priority AAPM Safe Opioid Prescribing Curriculum*. This curriculum will be the premier outcomes-based prescriber education intervention (CME) aimed at reducing deaths and other adverse events related to the use of prescription opioids in the treatment of chronic pain. This CME program will meet and exceed the prescriber education component, which is forthcoming in the Risk Mitigation Evaluation Strategies (REMS) from the U. S. Food and Drug Administration and legislation in Congress, through

demonstration of improved clinician prescribing practices and patient outcomes. This curriculum is targeted to support both sides of the balanced prescribing equation by

- minimizing the risks and reducing the number of deaths associated with opioid analgesics in the treatment of chronic pain
- maintaining access to the appropriate use of opioid analgesics for the millions of American adults who suffer from chronic pain.

This 2-day curriculum will utilize multiple learning formats, including problem-based learning sessions and interactive workshops that will advance evidenced-based clinical practices, patient-centered methodologies, and universally endorsed practice guidelines to improve the treatment of chronic pain.

For additional information, including registration, please visit www.painmed.org/safeprescribing.

FRIDAY, FEBRUARY 24

1:30–2:30 pm

Department of Defense/Veterans Health Administration Pain Task Force Update (201)

The Army Pain Management Task Force report was completed in May 2010. The report recommendations were designed to support the task force's vision statement of "providing a standardized Department of Defense and Veterans Health Administration vision and approach to pain management to optimize the care for warriors and their families." This session elaborates on the 2011 AAPM Annual Meeting presentation that provided an overview of the final report and the corresponding comprehensive pain medicine strategy by reviewing accomplishments and challenges a year after the report's release and correlating challenges within attendees' systems to establish multidisciplinary pain programs within their own communities.

Moderator

Chester C. Buckenmaier, III, MD COL MC USA

Defense and Veterans Pain Management Initiative

Chester C. Buckenmaier, III, MD COL MC USA

The Pain Task Force: A Cultural Change

Kevin T. Galloway, MHA BSN RN (invited)

VHA: Partners in the Pain Continuum

Rollin M. Gallagher, MD MPH

1:30–2:30 pm

Decisions and Conundrums: Ethics and the Practice of Pain Medicine (202)

The issue of ethics is addressed daily when practicing pain medicine during which goals of care may be in conflict or ambiguous expectations may hamper the decision-making process or blur outcomes. Well-intentioned professionals sometimes bring obvious, perceived, or even veiled conflicted interest to their interactions with patients and other healthcare professionals.

This session presented by the AAPM Ethics Council provides insights into ethical decision making at the bedside and in the boardroom, with parallel goals of informing and provoking thoughtful consideration and discussion of the ongoing issues in improving the practice of pain medicine.

Moderator

Larry C. Driver, MD

Principles for Ethical Decision Making

Larry C. Driver, MD

Difficult Decisions in Clinical Pain Management

Ben A. Rich, JD PhD

Industry Interactions with Integrity

Jerome Schofferman, MD

1:30–2:30 pm

Palliative Medicine and the Pain Physician (203)

Palliative medicine is not just for end of life but also for patients with chronic diseases and symptoms. The specialty of palliative medicine has been recently recognized as an American Board of Internal Medicine (ABIM) certification, with its own special set of skills and literature. Many patients could benefit from a palliative medicine consultation for chronic symptoms, such as nausea, pruritis, constipation, pain, or depression. This scientific session utilizes case studies to discuss symptoms, diagnosis, and workup, while also demonstrating how sufferers of these symptoms would greatly benefit from treatment through an integrated approach with quality palliative care.

Moderator

John F. Peppin, DO FACP

Case #1: Chronic Nausea and Constipation

Sloan B. Karver, MD

Case #2: Chronic Open Abdominal Wound with Pain

John F. Peppin, DO FACP

Case #3: Breaking Bad News in a Compassionate Way

Sloan B. Karver, MD

1:30–2:30 pm

Opioid-Induced Respiratory Depression and Sleep Apnea (204)

The beneficial use of opioids to reduce chronic pain can be offset by serious side effects with respiratory repression and sleep apnea being among most serious. Respiratory repression, a result of the suppression of central respiratory drive by opioid analgesics, is a clinical problem for which improved therapeutic treatments are needed. This potentially life-threatening condition results in a major clinical challenge of anesthesiology, pain, and intensive care—balancing the trade-off between analgesia and sedation and respiratory depression. Central sleep apnea due to sleep disordered breathing, another result of opioid usage in chronic pain patients, can result in a higher risk of morbidity and mortality.

This scientific session examines recent research studies and findings, as well as ways of identifying those at risk, while balancing this risk against the potential for improved quality of life in chronic pain patients.

Moderator

Lynn R. Webster, MD

Alleviating Opioid-Induced Respiratory Depression

John J. Greer, PhD

Opioid-Induced Sleep Apnea

Lynn R. Webster, MD

3:30–4:30 pm

Neuromodulation in the Military (205)

Neuromodulation has been well documented as a tool to fight chronic pain syndromes, but it is often viewed by many physicians as a treatment of last resort and as a relative contraindication to rigorous physical activity. Since 2006, the United States Military has utilized aggressive and judicial use of neuromodulation to return more than 100 injured soldiers to pre-injury status.

This scientific session examines a population of very physically active and extremely motivated active-duty military patients who have received aggressive and judicial use of neuromodulation therapy, resulting in them being returned to pre-injury status. These examples and reasons to "think outside of the box" will enable pain physicians to expand their selection and placement of potential neuromodulation candidates.

Moderator

Thomas J. Weber, DO

Faculty

Thomas J. Weber, DO

Timothy R. Deer, MD

Anthony L. Dragovich, MD

3:30–4:30 pm

Healthcare Changes: How Accountable Care Organizations (ACOs) Will Impact the Future of Pain Medicine and Implementing Healthcare Reform in Your Practice (206)

Three pieces of legislation collectively referred to as Healthcare Reform passed in 2009 and 2010 and have fundamentally changed the U.S. healthcare system. Many of these rules will be phased in during the next 3 years. By the end of implementation in January 2015, physician practices will be operating under many new rules that, although passed into law, have yet to be defined. This session will explain the implications that these new healthcare reform rules will have on your pain practice.

Moderator

Dave Domann, MS RPh

Healthcare Changes: How ACO Will Impact the Future of Pain Medicine

Dave Domann, MS RPh

Implementing Healthcare Reform in Your Practice

Linda M. VanHorn, MBA

3:30–4:30 pm**Poster Research Highlights (207)**

Increasing both the quality and quantity of scientific pain research remains a primary goal of the 28th Annual Meeting Planning Committee. The reputation of AAPM as a premier professional service and scientific organization continues to result in a significant increase in the quality of cutting-edge scientific research abstracts. Besides presenting this research in the plenary venue, the Scientific Poster Review Committee is pleased to have selected three additional highest-ranked poster submissions for presentation in this concurrent scientific session.

This scientific session provides updates on cutting-edge scientific research that will be of benefit to pain practitioners in their practice of pain medicine.

Moderator*Jeffrey M. Tiede, MD MAJ MC USA***Faculty**

TBD

3:30–4:30 pm**Psychopathology and Chronic Pain: Clinical Pathways and Practical Tools (208)**

Although studies have documented the efficacy of interdisciplinary treatment for individuals with chronic pain, psychiatric and psychological care often is not included in the treatment plan for many patients. There is a high prevalence of psychiatric disorders within chronic pain populations (e.g., an estimated 33%–66% of pain patients have comorbid depression), and evidence-based literature suggests that patient outcomes improve when pain and psychiatric issues are addressed concurrently.

This session will discuss the assessment and management of common psychiatric comorbidities and the clinical role that psychiatry and psychology play in addressing these issues.

Moderator*Binit J. Shah, MD***Faculty***Geralyn Datz, PhD**Ravi Prasad, PhD**Binit J. Shah, MD***4:45–5:45 pm****Injured Warriors: Post-Traumatic Stress Disorder (PTSD), Brain Trauma, Pain, Traumatic Brain Injury (TBI), and Mental Health (209)**

Military veterans returning from combat experience complex pain patterns with a complex intertwining of physical injuries and traumatic stress reactions that often produces pain, post-traumatic stress disorder (PTSD), mild traumatic brain injury (TBI), and other concurrent symptom presentations. The treatment of these veterans is compounded by issues that pose significant challenges to traditional pain treatment approaches because treatment must address both types of trauma in ways that are acceptable to veterans' needs and the way they wish to be treated.

This scientific session explores the treatment of severe pain caused by both physical and psychological trauma, recognizing both types of trauma as well as the complexities of multiple physical and emotional comorbidities. In addition, because physical pain and psychological trauma impair sleep, methods of improving sleep to enhance pain management will be explored.

Moderator*Michael E. Clark, PhD***Epidemiology and Treatment of Post-Deployment Multi-Symptom Disorder (PMD)***Michael E. Clark, PhD***Neuropathophysiology/Pathology and TBI/HA Treatment***Robert L. Ruff, MD PhD***4:45–5:45 pm****Pain Outcomes Across Multiple Domains: What Should Be Measured and the National Institutes of Health (NIH) PROMIS Initiative (210)**

Pain practitioners are increasingly required to provide evidence of improved pain patient outcomes. The need for providing outcomes data becomes more urgent due to the increasing need to provide scientifically valid demonstrations of treatment efficacy. Various tools and systems can be utilized in the measurement of pain outcomes. One system, the Patient Reported Outcomes Measurement Information System® (PROMIS) implemented by the National Institutes of Health (NIH), uses questions to measure patients' functional ability and wellness, resulting in tools that can be utilized across a variety of chronic diseases and conditions to provide important patient-related information about the effects of therapy that cannot be found in traditional clinical measures.

This session discusses various outcomes tools that can be used in the measurement of pain outcomes, such as analyzing statistical versus clinical significance, length-of-measurement packets, along with the domains that need to be captured. Faculty explain how these tools, when used correctly, provide pain practitioners with reliable and valid measurements of pain outcomes that can be utilized in designing treatment plans and for patient-doctor communication in maintaining control of chronic pain disorders.

Moderator*Sean Mackey, MD PhD***Pain Outcomes: What to Measure and Why***Sean Mackey, MD PhD***NIH PROMIS Outcomes Results***Karon F. Cook, PhD*

4:45–5:45 pm

Evidence Basis for Practice Parameter Guidelines in Neuropathic Pain Medications (211)

With increasing practice parameter guidelines being developed by various organizations, it is important for the pain medicine physician to understand how these guidelines were developed, their recommendations, and their impact on the treatment of neuropathic pain.

This scientific session explores how current practice guidelines were developed for neuropathic pain medications, how they are utilized in current clinical practice, their limitations, and how they can be improved upon in the pharmaceutical management of neuropathic pain.

Moderator

Martin Grabojs, MD

Review of Practice Parameters for Neuropathic Pain Medications

Scott M. Fishman, MD

Pharmaceutical Management of Neuropathic Pain

R. Norman Harden, MD

4:45–5:45 pm

Project ECHO™ (Extension for Community Healthcare Outcomes): Bridging the Gap Between Urban Healthcare Specialists and Providers in Rural Settings (212)

Pain management is a significant issue in health care today, with more than 70% of emergency room visits resulting from pain concerns. The Extension for Community Healthcare Outcomes (ECHO) model developed by the University of New Mexico was designed to improve access to complex chronic disease and specialty care in rural and frontier areas. ECHO is an innovative healthcare program that allows access to the centralized wealth of subspecialist knowledge and skills found at a university setting. The Chronic Pain and Headache Management Tele ECHO Clinic facilitates a multifaceted approach to chronic pain by incorporating a team of specialists that supports primary care clinicians in rural communities who lack the resources necessary to sufficiently understand the management of pain.

This session explores the benefits this program provides in the clinical care of pain in both a military and rural/frontier setting.

Moderator

Sanjeev Arora, MD

Military Need for ECHO

Chester C. Buckenmaier, III, MD COL MC USA

Project ECHO: An Introduction

Sanjeev Arora, MD

Chronic Pain Tele ECHO Clinic

Joanna G. Katzman, MD MSPH

SATURDAY, FEBRUARY 25

2–3:30 pm

Acupuncture for Chronic Low Back Pain: Clinical Evidence, the Science, and the Challenge (301)

Chronic low back pain (CLBP) affects almost 10% of the population and imposes a high financial burden of about \$90 billion annually on the United States. Despite the availability of a broad range of treatment options such as physical therapy, injections, and surgeries, many cases remain resistant to conventional treatment strategies. Acupuncture is gaining increasing recognition as a promising pain management strategy, particularly in CLBP. When appropriately applied, stimulation of acupuncture points can activate physiological changes that reduce pain and improve function for months after the treatment.

This scientific session outlines the role, mechanisms, and controversies of acupuncture in the management of CLBP and also provides an evidence-based study of acupuncture clinical trials. Faculty explore the clinical evidence for the efficacy and presumed mechanisms of acupuncture in CLBP and cover treatment specifics including patient selection, timing, point selection, and adjunct modalities. Controversies regarding the role of placebo in mediating response to acupuncture, duration of efficacy, and translation of physiological effects in preclinical and clinical observations to therapeutic outcomes in clinical trials will also be presented.

Moderator

Yu (Woody) Lin, MD PhD

The Role of Acupuncture in Treating Chronic Low Back Pain

Jiang-Ti Kong, MD MS

Brain Encoding of Acupuncture Analgesia

Richard Harris, PhD

Acupuncture Clinical Trial: Challenges and Opportunities

Lixing Lao, PhD

2–3:30 pm

Acute Pain Medicine: What It Is, Why It Is Needed, and How We Train for It (302)

In 2009, *Pain Medicine*, AAPM's official journal, launched the acute pain management section of the journal—the first journal to do so—in response to the growing evidence that poorly managed acute pain could develop into chronic pain. Unlike the more established and mature subspecialty of chronic pain, the rapidly developing subspecialty of acute pain medicine focuses on managing pain in the perioperative period following trauma or surgery. Although anesthesiologists are uniquely qualified for leadership roles within this specialty, like all branches of pain medicine, acute pain medicine requires a multidisciplinary approach for optimal outcomes for the patient.

This session defines the new practice of acute pain medicine and the available evidence supporting the establishment of an acute pain service (APS) within medical institutions, addressing the personnel, technology, and facility required to operate a successful APS. Faculty will further examine the cultural and financial challenges and barriers to APS establishment; define the unique educational requirements for physicians, nurses, and ancillary personnel who make up an effective APS; and examine the future directions for the field.

Moderator

Chester C. Buckenmaier, III, MD COL MC USA

The Acute Pain Service: What Are the Advantages?

Chester C. Buckenmaier, III, MD COL MC USA

Acute Pain Medicine: How Do We Train for the Specialty?

Andre P. Boezaart, MD PhD

Challenges in Establishing an Acute Pain Service

Laura Clark, MD

2-3:30 pm

Evidence-Based Guidelines for Implantable Devices: Intrathecal Drug Delivery and Spinal Cord Stimulation (303)

Two collaborative groups working with guidelines for the use of neurostimulation, intrathecal therapy, and intraspinal therapies were active in reviewing guidelines in 2011. In the first group, the American Pain Foundation, in collaboration with the American Academy of Pain Medicine, the American Society of Interventional Pain Physicians, the International Spinal Intervention Society, and the North American Neuromodulation Society, brought together experts in the field of neuromodulation to review the literature and write evidence-based guidelines for the use of neurostimulation and intrathecal therapy. As of May 2011, both projects were close to completion and are expected to be collaboratively published before the 2012 AAPM Annual Meeting.

The second group, the 2011 Consensus Conference expert panel, developed new guidelines in 2011 to update the intraspinal infusion guidelines based on best practices and current literature review, and also discussed and evaluated recent technological advances in intraspinal therapies.

This scientific session reviews the evidence-based guidelines and updates produced by these multisociety collaborations.

Moderator

Timothy R. Deer, MD

The Need and Process for Guidelines in Neuromodulation

Joshua P. Prager, MD MSc

Guidelines for Intrathecal Therapy

B. Todd Sitzman, MD MPH

Guidelines for Neurostimulation

Paul G. Kreis, MD

Polyanalgesic Consensus Guidelines: 2011

Timothy R. Deer, MD

Consensus Guidelines for the Prevention and Treatment of Intrathecal Granuloma

Robert M. Levy, MD PhD

Consensus Guidelines for Best Practices in Intrathecal Drug Delivery

Joshua P. Prager, MD MSc

2-3:30 pm

Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness: New Developments for Chronic Pain Management (304)

Chronic pain requires effective biopsychosocial interventions to address each aspect of the challenges toward adequate pain management. Two psychological and behavioral approaches to chronic pain management are utilized by pain psychologists. One approach, Cognitive Behavioral Therapy (CBT), which involves education and skills training toward symptom reduction and adaptive coping to increase physical and psychological functioning, has been documented as providing beneficial effects. A second approach, Acceptance and Commitment Therapy (ACT), has shown promise in helping to improve functional capacity among chronic pain populations and has recently been identified as a supported treatment for a number of problems including chronic pain. By using acceptance and mindfulness processes with commitment and behavior change processes, the ACT approach can create psychological flexibility in the presence of previously avoided aversive thoughts, emotions, and physical sensations. Although there are documented benefits of both treatment approaches for chronic pain, there is uncertainty in regard to the superiority and potentially preferred use of one therapy over the other for patients with chronic pain.

This scientific session reviews CBT and ACT approaches to pain management along with supporting research for these psychological interventions. Faculty will highlight key theoretical and practical components of CBT, discuss the current state of research supporting CBT use with chronic pain, review the theoretical underpinnings of ACT, and share new data comparing CBT and ACT. Additional recommendations for psychological care of patients with chronic pain using these therapies will be presented.

Moderator

John T. Sorrell, PhD

ACT for Chronic Pain

John T. Sorrell, PhD

CBT for Chronic Pain: Current Evidence

Ravi Prasad, PhD

Mindfulness for Chronic Pain

Jeremy Bartz, PhD

3:45-5:15 pm

Future Direction of Pain Medicine (305)

The recently released Institute of Medicine of the National Academies report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, highlighted the need for change in pain management.

There is a growing momentum toward building pain medicine as its own unique specialty, which is countered by a school of thought that pain medicine should maintain its status as an anesthesia-based practice.

Moderated by Benson S. Munger, PhD, who was instrumental in developing the American Board of Medical Specialties Board specialty of emergency medicine, this panel of key opinion leaders will deliver their own unique perspectives as to where the practice of pain medicine will be heading in the future and identify ways to consolidate disparate interests.

Moderator

Benson S. Munger, PhD (invited)

Panel

Gary J. Brenner, MD PhD (invited)

Michel Y. Dubois, MD

Sean Mackey, MD PhD

Thomas E. Norris, MD (invited)

James P. Rathmell, MD (invited)

3:45-5:15 pm

Why Skin Matters: New Assessment and Treatment Tools for Acute and Chronic Pain (306)

The treatment of neuropathic pain presents a unique and difficult challenge for the pain professional because there are pathophysiologic aspects to this pain as well as emotional and behavioral components. Although oral medications have been the cornerstone treatment of neuropathic pain, new approaches utilizing topical treatment have become more common, presenting unique and possibly safer approaches to the treatment of this pain disorder. In addition, recent translational research has led to increased understanding of the role of epidermal innervation in the assessment and treatment of chronic pain. Postherpetic neuralgia, complex regional pain syndrome, and painful diabetic peripheral neuropathy are each associated with epidermal pathologies.

This scientific session discusses the physiology of neuropathic pain as it relates to topical treatments, reviewing the current pharmacology, delivery systems, and supportive clinical research for medications that can be applied transdermally and topically. Faculty will provide updates on new neuropathic pain topical treatments, including topical lidocaine and non-local anesthetic topical analgesics. The session also provides cutting-edge research and new insights on the epidermal-based mechanisms of pain,

as well as new findings in the skin that provide clues to the mechanism of various clinical pain states, practical information for all pain practitioners regarding pain-assessment tools, and currently available and potential future treatment strategies.

Moderator

John F. Peppin, DO FACP

Topical Treatments in Neuropathic Pain: Who Responds

Burkhard Gustorff, MD

Topical Lidocaine: Patches, Creams, and Solutions

John F. Peppin, DO FACP

Non-Local Anesthetic Topical Analgesics: Efficacy and Safety

Marco Pappagallo, MD (invited)

Translating New Insights Regarding Epidermal-Based Mechanisms of Pain into Clinical Practice

Charles E. Argoff, MD

New Insights Regarding Epidermal-Based Mechanisms of Pain: The Basics

Frank L. Rice, PhD

How Can Human Models of Cutaneous Pain and Hyperalgesia Help Us to Better Treat Our Patients?

Mark S. Wallace, MD

3:45–5:15 pm

Improved Pain Medicine Outcomes Through Implantable Devices (307)

New advancements in the field of pain medicine allow pain physicians to offer a greater range of treatment options for patients, while offering a safe alternative to full surgical interventions. Advancements in percutaneous placement of paddle leads for spinal cord stimulation are opening new doors for the treatment of chronic pain conditions. Best practices in the use of intrathecal therapy treatment result in reduced morbidity and mortality. New advances and devices targeting dorsal root ganglion stimulation appear to provide another safe and effective treatment option for chronic pain patients.

This scientific session explores recent technical advances in improving treatment modalities in the use of implantable devices, providing better safety outcomes measures and increasing the continuity of patient care.

Moderator

Timothy R. Deer, MD

A Game Changer in Spinal Cord Stimulation: The Percutaneous Paddle Lead

Timothy R. Deer, MD

Best Practices for Intrathecal Therapy

Joshua P. Prager, MD MSc

New Advances in Dorsal Root Ganglion Stimulation

Timothy R. Deer, MD

3:45–5:15 pm

Sacroiliac (SI) Joint Pain: Anatomy and Neuroablative Therapies (308)

Sacroiliac (SI) joint pain, which originates from degeneration or altered joint mobility in the SI joint, can be difficult to diagnose and differentiate from other spinal disorders (e.g., facet joint arthropathy, degenerative disc disease, spinal stenosis), leaving sufferers in pain and at risk for further joint deterioration. Although there is no validated physical examination maneuver or individual test that definitively identifies SI joint-mediated pain, numerous tests used in combination can better assist pain medicine providers in diagnosing SI joint dysfunction.

This scientific session discusses anatomy, possible pain mechanisms, symptoms, evaluation, diagnosis, and treatments for SI joint-mediated pain, including the approaches and techniques in utilizing radiofrequency ablation to best provide long-term relief of SI joint-mediated pain.

Moderator

Scott Fishman, MD

Introduction and Overview of SI Joint-Mediated Pain

Scott Fishman, MD

SI Joint Anatomy, Biomechanics, and Pathology

Frank H. Willard, PhD (invited)

Diagnosis and Patient Selection for Radiofrequency Ablation

Steven P. Cohen, MD (invited)

Cooled Radiofrequency Ablation, Bipolar Radiofrequency Ablation, and Other Novel Approaches

Leonardo Kapural, MD PhD

SUNDAY, FEBRUARY 26

8:30–9:30 am

Intrathecal Medications for Chronic Pain: An Update (401)

Implanted intrathecal drug delivery systems (IDDS) are widely used in the treatment of chronic pain when conservative therapies have failed and surgery is not a viable option. Choosing the appropriate medication to use for each patient can be a daunting task for most physicians. Recent studies on medication safety provide valuable updates relevant to successfully delivering pain management using IDDS.

This scientific session reviews the science and practice of intrathecal medication for chronic pain, providing the latest updates for intrathecal medications and delivery relevant to pain clinicians.

Moderator and Faculty

Tony L. Yaksh, PhD

8:30–9:30 am

The Role of the Primary Care Provider in Comprehensive Pain Management (402)

Pain management continues to be a challenge for most primary care providers. Lack of knowledge and time, fears of prescription abuse, and regulatory oversight contribute to the difficulty in providing compassionate long-term care in a typical primary care office. Pain specialists attempt to visualize the primary care office as an extension of their own care styles, but with limited resources and increasing demands, the office-based practice reality is very different than that visualization.

This session explores how to best interact with the primary care provider (PCP) to improve pain management for the patient, while simplifying the process for the PCP. Interactions within a variety of practice settings, including the Veterans Administration, university-based practice, and a typical family medicine outpatient facility, will be reviewed to improve and facilitate better communication between the PCP and pain specialist.

Moderator

Bill H. McCarberg, MD

What the Primary Care Provider Really Wants

Bill H. McCarberg, MD

A Model for Collaboration with Primary Care

Matthew J. Bair, MD MS

Educating Primary Care Physicians to Be Better Pain Providers: Academic Detailing and Project ECHO™ (Extension for Community Healthcare Outcomes)

Rollin M. Gallagher, MD MPH

8:30–9:30 am

The Interface Between Pain Medicine and Hospice and Palliative Medicine: Critical Partnership Opportunities (403)

Using a case-based approach in a didactic learning session, key opinion leaders from pain medicine and hospice and palliative medicine will explore the multitude of opportunities for improving the knowledge and bridging the practice gaps necessary to improve access and the quality of care delivered to the advanced illness population.

Moderator*J. Cameron Muir, MD FAAPHM***Faculty***J. Cameron Muir, MD**B. Todd Sitzman, MD MPH*

8:30–9:30 am

Evidence Bases for Alternatives in the Treatment of Chronic Pain (404)

Various alternative treatments are available and successfully utilized by patients suffering chronic pain. Newer treatment modalities include transcutaneous electrical nerve stimulation (TENS), biofeedback, and hypnosis. In TENS, an electronic current is provided by portable stimulators to stimulate nerves for therapeutic purposes, resulting in the reduction of both acute and chronic pain. In biofeedback, patients use their minds to control body functions, providing them with the skills to lessen their pain. In hypnosis, hypnotic suggestions have been effective in affecting selective areas of the brain to relieve pain. However, these treatments can be costly and many times are not covered by insurance, leaving the pain practitioner unsure of the benefit of their use.

This session explores these pain relief treatments, reviewing the indications, contraindications, complications, and most importantly the cost effectiveness and efficacy based on the available evidence-based literature. The session will assist pain practitioners as they consider whether the utilization of these modalities will benefit the patient, practitioner, and third-party payees.

Moderator*Martin Grabois, MD***TENS: Role in Managing Chronic Pain***Martin Grabois, MD***Biofeedback: Rationale for Use in Treating Chronic Pain***Donna M. Bloodworth, MD***Hypnosis: Recent Advances in Treating Chronic Pain***Albert L. Ray, MD*

9:45–10:45 am

2012: Coding Update and Preparing for ICD-10 (405)

2012 has brought changes to CPT® pain coding, including new bundled services that should not be coded separately. ICD-10, which will go into effect on October 1, 2013, is structurally different from ICD-9. Pain practitioners need to understand these changes to update coding and reimbursement processes they use in their practices.

This session provides attendees with the latest coding changes, along with an opportunity to discuss any challenging coding and reimbursement they may face in their practice. Faculty will explore the structural differences of ICD-10, the General Equivalence Mappings (GEMs), and what pain practitioners can do now to prepare for ICD-10 implementation. This session also reviews new HIPAA 5010 X12 standards, which incorporate ICD-10, and goes into effect on January 1, 2012.

Moderator*Eduardo M. Fraifeld, MD***Coding Update: 2012***Eduardo M. Fraifeld, MD***How to Prepare for ICD-10***Linda M. VanHorn, MBA*

9:45–10:45 am

Psychological Screening and Disease Phenotyping: Predictives of Interventional Pain Procedures Outcomes? (406)

Invasive procedures and implantable devices (e.g., spinal cord stimulation, ITP) are the mainstays of interventional pain medicine, but there remains a lack of consensus regarding the best approach to screen for suitable candidates in order to maximize chances for positive treatment outcomes. Psychological conditions such as somatization, depression, anxiety, and poor coping are important predictors of negative outcomes, and specific testing may assist the clinician in selecting the “right patients” for certain interventions. These characterizations of disease mechanisms through use of quantitative sensory testing (QST) may provide an important and clinically meaningful index of success. To date no studies have examined central nervous system plasticity or dynamic QST procedures thought to assess the integrity of central pain processing mechanisms and the efficiency of descending systems.

This scientific session provides an evidence-based framework for the optimal use of a psychological assessment and presents information on the contribution of disease phenotyping in improving procedural outcomes in interventional pain care.

Moderator*Kayode A. Williams, MD MBA FFARCSI***Psychological Screening: Interventional Pain Procedures***Robert N. Jamison, PhD***Disease Phenotyping: Spinal Cord Stimulation***Kayode A. Williams, MD MBA FFARCSI**Claudia M. Campbell, PhD*

9:45–10:45 am

The Great Debate: Medical Marijuana for the Treatment of Chronic Pain (407)

Despite the legalization of medical marijuana for the treatment of pain in some regions of the United States, evidence of efficacy has not been firmly established and consequently continues to present significant challenges for the pain medicine practitioner. Additional ethical and professional issues related to cultivation, possession, and distribution of medical cannabis in accordance with state-approved medical marijuana programs can be viewed as a violation of federal marijuana laws and subject to prosecution by federal authorities.

In this interactive pro and con forum, the pharmacology and efficacy of marijuana use in the treatment of acute and chronic pain and medical and legal risks posed by the complexities of this alternative pain treatment regimen will be discussed. Additional challenges related specifically to prescribing, scope of practice issues, and clinical addiction and dependence issues will also be addressed.

Moderator*Steven D. Passik, PhD***Debaters***Jodie A. Trafton, PhD**Donald I. Abrams, MD*

9:45–10:45 am

Myofascial and Muscle Pain: Assessment and Treatment Innovations (408)

Muscle pain in the context of myofascial pain syndrome (MPS) is a common condition in contemporary pain practice. Recently, there have been tremendous breakthroughs in elucidating the pathophysiology of MPS, including the quantification of biochemicals involved in this process. Furthermore, the role of sensitization in the development of MPS has increasingly been examined.

This scientific session details the development of novel diagnostic techniques including microdialysis, magnetic resonance elastography, and ultrasound in the treatment of MPS.

Moderator

Mehul J. Desai, MD MPH

Neurobiology of Muscle Pain and Clinical Evaluation of Myofascial Pain

Jay P. Shah, MD

Treatment Options for Myofascial and Muscle Pain

Mehul J. Desai, MD MPH

11 am–12:30 pm

National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing (409)

A successful application for research funding requires careful planning and a keen understanding of grant writing within the appropriate funding system. This scientific session outlines the grant writing, peer review, and funding processes of grant application at the National Institutes of Health (NIH). Faculty will provide critical information on NIH funding opportunities in pain research and define funding mechanisms, peer-review processes, and referral processes within the NIH.

This scientific session provides an excellent opportunity to investigate NIH grant writing opportunities from a principal investigator's perspective.

Moderator

Yu (Woody) Lin, MD PhD

Funding Opportunities and Mechanisms at NIH

Yu (Woody) Lin, MD PhD

NIH Grant Writing from a Principal Investigator's Perspective

Sean Mackey, MD PhD

NIH Grant Applications: Referral and Review

Weijia Ni, PhD

11 am–Noon

Pediatric Pain (410)

A 2010 University of Florida College of Medicine study found that many pediatricians do not believe it is their responsibility to treat severe, chronic pain in their patients, particularly as they have more concerns about severe side effects than the pain experienced by their patients. Of those pediatricians surveyed regarding who should treat their patients' chronic pain, pain specialists were the most popular choice at 58.1%. Pain management specialists who work with children and adolescents need to understand how pain manifests itself in this population to ensure best practices in treating this particularly special and vulnerable group.

This scientific session provides a template/framework for evaluating a child/adolescent with ongoing or recurrent pain, explores patient evaluation based on a biopsychosocial method of assessment, and discusses a

treatment plan based on an integrative model that considers primary pain causes and contributors all within a developmental framework. It focuses on pain in children and adolescents with autism spectrum disorders as an example of one common developmental disorder in a population at high risk for pain problems.

Moderator

Lonnie K. Zeltzer, MD

Clinical Evaluation and Treatment Approaches to Chronic Pain in Children and Adolescents

Lonnie K. Zeltzer, MD

Chronic Pain in Children with Developmental Disabilities

Tim F. Oberlander, MD FRCPC

11 am–12:30 pm

Pain Medicine and Criminal Litigation (411)

In optimizing their patients' health status, pain practitioners' professional conduct, intent, and motivations must align with the current interpretations of the Controlled Substances Act and the state statutes regulated through the Federation of State Medical Board's Model Policy. Both of these statutes are open to broad interpretation regarding standards of care versus criminal conduct ("normal course of medical practice" and "legitimate indication for prescribing"). In this changing area of regulation, physicians must be aware of the ever increasing need to take appropriate steps to protect themselves and their practices.

This session reviews the true-life cases of a physician who suffered the closing of her practice due to misconduct by a colleague in that practice and also provides the view of litigation from the perspective of a former DEA expert, providing instructive guidance for "safe harbor" in prescribing.

Moderator

Perry G. Fine, MD

Panel

Perry G. Fine, MD

Elaine A. Lankford, FNP-C

John J. Coleman, PhD (invited)

11 am–Noon

Headache and Facial Pain: An Update (412)

Headache and facial pain are common complaints in both the emergency and outpatient settings, resulting in a critical need to understand, appropriately diagnose, and treat these disorders.

This session reviews the diagnosis and treatment of various primary and secondary headaches, facial pain, and neck pain disorders, with an emphasis on utilizing a multidisciplinary approach in formulating a multimodal treatment plan for these pain disorders. It also explores when to use Botox injections and other various interventional and neuromodulatory techniques.

Moderator

Samer Narouze, MD MSc

Intractable Headaches: Interventional Perspectives

Samer Narouze, MD MSc

Intractable Headaches: Medical Perspectives

Zahid H. Bajwa, MD

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Satellite symposia will be held in conjunction with the annual meeting. These independently sponsored, commercially supported symposia are open to meeting registrants. The AAPM Program Planning Committee has reviewed and approved the symposia after determining the topics are relevant to the audience and complementary to the official AAPM program. There is no additional fee to attend these symposia, but preregistration is required. Seating will be available on a first-come, first-served basis. Program details and speakers are subject to change. A complete list of satellite symposia will be available at the Annual Meeting section of the AAPM website at www.painmed.org or at www.symposiareg.org/aapm where you can register.

FRIDAY, FEBRUARY 24

**Noon–1:15 pm
Satellite Luncheon Symposium**

Opioid-Induced Androgen Deficiency: Approaches to Diagnosis and Management

Even though the effects of opioids on the endocrine system have been known for a long time, they have not been well integrated into the medical lexicon of chronic opioid therapy. Of all the endocrine effects of chronic opioid use, androgen deficiency (or hypogonadism) primarily in men, has been recognized the longest and is the best described. The prevalence of opioid-induced hypogonadism in men aged 45 years and older is very high (83%). There is a growing understanding of the role of testosterone and, conversely, the consequences of hypogonadism, in men's health, including its relationship with highly prevalent chronic diseases such as metabolic syndrome, insulin resistance, diabetes, obesity, hypertension, and hyperlipidemia, in addition to the better-known effects on sexual function and bone health. Maintaining normal physiological concentrations of testosterone in patients on chronic opioid therapy has important consequences for their overall health. There is a lack of evidence that testosterone replacement therapy (TRT) increases the risk of prostate cancer. It is important to diagnose hypogonadism, counsel patients, and collaborate with other healthcare providers regarding TRT in patients on chronic opioid therapy who can benefit from testosterone replacement.

Moderator
Michael J. Brennan, MD
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This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The Postgraduate Institute for Medicine and Miller Medical Communications, LLC. The Postgraduate Institute for Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The Postgraduate Institute for Medicine designates this live activity for a maximum of 1.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This educational activity is jointly sponsored by The Postgraduate Institute for Medicine and Miller Medical Communications, LLC.

This activity is supported by an educational grant from Endo Pharmaceuticals Inc.

EXHIBITS

The AAPM 28th Annual Meeting will feature more than 100 companies showcasing products and services specifically designed for the leaders in the study and treatment of pain. By visiting the exhibitors you will learn more about the advancements that will keep you and your organization at the forefront of your field. AAPM exhibitors feature products and information in the following areas:

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

2012 EXHIBITORS (as of 11/1/11)

- | | | |
|------------------------------------|--|---------------------------------------|
| Aegis Labs | Epimed International, Inc. | PainEdu.org |
| Alere/Capitol Toxicology | Esaote North America | <i>Pain Medicine News</i> |
| AllMeds | Immunalysis | Physician Rx Management, Inc. |
| American Chronic Pain Association | Janssen Pharmaceuticals, Inc. | Physician Therapeutics |
| Ameritox | Kimberly-Clark Health Care | Physicians Business Network |
| Automated HealthCare Solutions | LifeSource Not-for-Profit | Pikeville Medical Center, Inc. |
| Boston Scientific | Lilly USA, LLC | Practical Pain Management |
| Calloway Labs | Linear Medical Solutions | Practice Partners in Healthcare, Inc. |
| C.A.R.E.S. (Alliance) | LiteCure, LLC | Prime Clinical Systems, Inc. |
| Choice Laboratory Services | MasterPharm Compounding Pharmacy | Prism ProCare Research |
| Clinical Reference Laboratory | MDConnect Online Marketing | Regency Therapeutics |
| CompuGroup Medical | Meda Pharmaceuticals | RS Medical |
| Cosman Medical, Inc. | MEDTOX Laboratories | Siemens Healthcare |
| Covidien | Medtronic, Inc. | St. Jude Medical |
| Custom Compounding Centers | Millennium Laboratories | StreamlineMD |
| Data Unlimited International, Inc. | NECC (New England Compounding Center) | Stryker Interventional Spine |
| Depomed, Inc. | Neurotherm, Inc. | Terason |
| Dominion Diagnostics | North American Neuromodulation Society | Teva CNS |
| eLab Solutions | North American Spine Society | Vertos Medical Inc. |
| | | Wiley-Blackwell |

EXHIBITS AND POSTERS SCHEDULE

THURSDAY, FEBRUARY 23

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

FRIDAY, FEBRUARY 24

Exhibits Open 8:45–10:45 am, 2:30–7:15 pm

Break with Exhibits and Posters (group 1) 9–10 am

Reception with Exhibits and Posters (group 2) 5:45–7:15 pm

SATURDAY, FEBRUARY 25

Exhibits Open 8:30–11:15 am

Break with Exhibits and Posters (group 2) 8:45–9:45 am

CORPORATE SHOWCASE

Corporate showcases are industry-supported events that take place inside the exhibit hall during exhibit hours. Exhibitors will use Corporate Showcases to introduce new products or services, demonstrate use of their products, or invite industry experts to speak on a relevant topics in the field of pain. A current schedule can be found at the Annual Meeting section of AAPM's website at www.painmed.org.



AAPM MEMBERSHIP APPLICATION

AAPM Membership allows you to

- access the online **AAPM Library** of Pain Medicine resources
- stay connected to your peers and pain medicine leaders after the conference via the online Members' Community at www.painmed.org.

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

Active Members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada. Documents required for membership: copies of medical license, medical degree, and board certification (if applicable).

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 for membership: copies of medical license, medical degree, and board certification (if applicable).

Affiliate Members are non-physician healthcare professionals (registered nurses, nurse practitioners, physician assistants, physical therapists, psychologists, or pharmacists) who are involved in direct patient care on pain teams. They must be sponsored by an active physician member of AAPM. Documents required for membership: copies of professional license, professional degree, board certification (if applicable), and a letter of recommendation from an active physician member of AAPM. E-mail the letter to phenderson@painmed.org or fax to 847.375.6429 (attn: Pola).

Students, Residents, and Trainees must provide a letter from their current department head or program director verifying enrollment and good standing, and (if applicable) copies of medical license and medical degree. E-mail the letter to phenderson@painmed.org or fax to 847.375.6429 (attn: Pola).

Select AAPM Membership Benefits *(for a complete list, visit www.painmed.org)*

Pain Medicine—one of today's most frequently cited medical journals for pain, the premier source of peer-reviewed research on matters relevant to the clinical practice of pain medicine

AAPM e-News—biweekly e-newsletter with latest pain medicine news, information on advocacy related to pain as a specialty, clinical trials, member news, and Academy updates

AAPM's Website (www.painmed.org)—continuously updated and contains a growing **library of pain medicine resources**, practice management advice, an interactive **Members' Community**, information on upcoming meetings, and much more.

Membership Categories

- | | | |
|--|---|--|
| <input type="checkbox"/> Active Membership (\$375) | <input type="checkbox"/> International Membership (\$250) | <input type="checkbox"/> Affiliate Membership (\$190) |
| <input type="checkbox"/> Student Membership (\$0) | <input type="checkbox"/> Resident (\$0) | <input type="checkbox"/> Trainee in fellowship program (1st year: \$0, 2nd year: \$100, 3rd year: \$375) |

Name _____ Professional Degree _____

Mailing Address (home office) City _____ State _____ ZIP _____

Phone (home office) _____ Fax (home office) _____

E-mail (home office) _____ Date of Birth _____

What's your specialty of origin? _____

Are you board certified? yes no Name of board _____

Professional Licensure: Type _____ State _____ Date _____ License Number _____

Is your license unrestricted? yes no

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

Are you a member of another professional medical association? yes no Please indicate which one: _____

Physicians only: Are you a Diplomate of the American Board of Pain Medicine? yes no

Years of Experience in Pain Medicine _____

Practice Focus/Special Interest *(Check all that apply)*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Regional anesthesia, nerve blocks | <input type="checkbox"/> Implantable technology | <input type="checkbox"/> Surgical interventions | <input type="checkbox"/> Medical pain management |
| <input type="checkbox"/> Manual medicine | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Pain and addictive disorders |
| <input type="checkbox"/> Psychological treatment | <input type="checkbox"/> Other (specify) _____ | | |

Current Practice Setting *(Check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical school | <input type="checkbox"/> Hospital | <input type="checkbox"/> Private practice (solo) |
| <input type="checkbox"/> Private practice (group) | <input type="checkbox"/> Outpatient | <input type="checkbox"/> Military |
| <input type="checkbox"/> Academic medical setting | <input type="checkbox"/> Other (specify) _____ | |

Age Focus of Clinical Practice *(Check all that apply)*

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Pediatric (birth–16 years) | <input type="checkbox"/> Adult (17–65 years) | <input type="checkbox"/> Geriatric (over 65 years) | <input type="checkbox"/> Adult and geriatric | <input type="checkbox"/> All age groups |
|---|--|--|--|---|

Payment

- | | | | | |
|--|-------------------------------------|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Check <i>(made payable to AAPM)</i> | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |
|--|-------------------------------------|-------------------------------|-----------------------------------|---|

Account number _____ Expiration date _____

Signature _____ Date _____

American Academy of Pain Medicine

4700 W. Lake Avenue • Glenview, IL 60025 • 847.375.4731 • fax 847.375.6477 • info@painmed.org • www.painmed.org

Do you have a question about membership? Contact AAPM Membership Coordinator at phenderson@painmed.org

AAPM Physician Members

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

Affiliate Members (Nonphysician Healthcare Professionals)

Available to physician assistants, nurses, nurse practitioners, and other nonphysician healthcare professionals who are involved in direct patient care on pain teams.

A letter of recommendation from an active physician member of AAPM is required at the time of registration.

Students, Residents, and Trainees

To take advantage of this registration rate, written documentation of current status (e.g., faculty letter) must be provided at the time of registration.

Student, resident, and trainee members must be enrolled and in good standing in a residency or fellowship program in an institution in the United States, or in a curriculum of allopathic or osteopathic medicine in the United States. There is no membership fee for students and residents and no first-year fee for trainee members.

Join and Register (save \$275)

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

AAPM members enjoy benefits including

- discounts on attending the annual meeting
- subscription to *Pain Medicine*, a peer-reviewed indexed journal (12 issues per year)
- *Pain Medicine Network*, AAPM's print newsletter
- *e-News*, biweekly e-newsletter with the most current information on pain medicine
- access to the library of pain medicine resources, position statements, coding information, and interactive Member Community on AAPM's website, www.painmed.org.

Spouse and Guest Registration

Each registrant may purchase guest badges for \$100 per badge. The badges will allow guests into the exhibit hall for the receptions on Thursday and Friday but do not offer continuing medical education credits.

Palm Springs, CA

With more than 350 days of sunshine per year, Palm Springs is the ultimate desert playground for outdoor adventure, arts and culture, and entertainment. The San Jacinto mountains provide the ideal backdrop for exploring the downtown boutique shops and art galleries or hiking the ancient palm groves of Indian Canyons. Palm Springs offers a perfect blend of outdoor entertainment and casual relaxation and boasts the largest concentration of mid-century modern architecture tucked throughout the community for anyone to enjoy. For more information, visit www.visitpalm Springs.com.


Weather

Palm Springs, CA, has an average high of 72° in February during the dates of the AAPM Annual Meeting.

TRAVEL INFORMATION

Airlines

If you are travelling by air, the closest airport is the Palm Springs International Airport. For information and airport shuttle info, visit the Renaissance Palm Springs Hotel website.

UNITED  is offering special meeting discounts for attendees of the AAPM 28th Annual Meeting. Simply call (or have your travel agent call) United Meeting Reservation Desk at 800.521.4041 and refer to meeting ID number 550KO to receive a 5% discount off applicable fares. Discounts also apply to United codeshare flights operated by Continental Airlines, Continental Express, Lufthansa, and All Nippon Airways.

American Airlines® For reservations, call 800.433.1790, and refer to authorization number A2912SS.

Book Your Discount Fares Directly Online

Go directly to www.aa.com to book your flights. To take advantage of a 5% discount on AA, American Eagle®, and AmericanConnections®, select your flight(s) under the "Enter Passenger Details" tab, go to the "AA.com Promotion Code" field, and then enter in the Authorization Code 2912SS. Discount Fares are valid for travel on American Airlines, American Eagle®, AmericanConnection®, oneworld Alliance, and codeshare partners from anywhere to your meeting destination.

Ground Transportation

The Renaissance Palm Springs Hotel and Palm Springs Convention Center is just a 10-minute drive from the Palm Springs International Airport and offers complimentary shuttle service upon request. Taxis are available with an average fare of \$7 one way.

Daily parking rates for guests at the Renaissance Palm Springs Hotel are \$10 for self-parking and \$18 for valet parking.

HOTEL INFORMATION

The Renaissance Palm Springs Hotel is AAPM's 28th Annual Meeting headquarters hotel. AAPM's group rate is \$175 single/double plus all applicable taxes. To obtain the group rate, identify yourself as attending the AAPM 28th Annual Meeting. Please note this rate is offered until January 23, 2012, provided that rooms in the AAPM block are still available. Reservations made after the above date will be taken on a space- and rate-available basis.

Renaissance Palm Springs Hotel

888 Tahquitz Canyon Way
Palm Springs, CA 92262

Reservations: 800.228.9290

Visit the AAPM website to make reservations:
www.painmed.org



AAPM 28TH ANNUAL MEETING REGISTRATION FORM

February 23–26, 2012 • Palm Springs, CA

(Essential Tools for Treating the Patient in Pain™ begins on February 22, 2012, and preconference sessions begin on February 23, 2012.)

FOR OFFICE USE ONLY

Customer # _____ Mtg Ord # 1- _____

Date _____

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 _____

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

Home phone _____ Office phone _____ Fax _____

E-mail (required) _____

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

Emergency contact name _____ Day phone _____ Evening phone _____

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

Annual Meeting Registration (February 23–26, 2012)

	Early-bird rate postmarked on or before January 15, 2012	Regular rate postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Join & Register Physician*	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,050
AAPM Affiliate Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Join & Register Affiliate*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
AAPM Student Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Join & Register Student*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
AAPM Resident Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Join & Register Resident*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
AAPM Trainee Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Join & Register Trainee* (fellowship)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Nonmember	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Military**	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400

*You must submit the membership application and supporting documents with your registration form to receive this discounted rate. If these documents are not received, you will be registered and charged at the nonmember rate. Documents can be sent to 847.375.6477 or info@painmed.org.

Questions: Contact AAPM Membership Coordinator at phenderson@painmed.org.

**ID required onsite to receive this rate.

Subtotal Box A \$ _____

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

Please select the day you wish to attend the Annual Meeting:

Friday only Saturday only Sunday only

	Early-bird rate postmarked on or before January 15, 2012	Regular rate postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
AAPM Affiliate Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Student Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Resident Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Trainee Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Nonmember	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Military	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300

Subtotal Box B \$ _____

Essential Tools for Treating the Patient in Pain™ Registration (PME)

(February 22, 7:15 am–5:30 pm; February 23, 7:15am–5:30 pm)

	Rate if also registering for the Annual Meeting	Rate for program only, postmarked on or before January 15, 2012	Rate for program only, postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
AAPM Affiliate Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Student Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Resident Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Trainee Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Nonmember	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600

Subtotal Box C \$ _____

Preconference Seminar Registration

Thursday, February 23

7:30 am–11:30 am

Ultrasound Guidance (001)

	Rate if also registering for the Annual Meeting	Rate for seminar only, postmarked on or before January 15, 2012	Rate for seminar only, postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
AAPM Affiliate Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Student Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Resident Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Trainee Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Nonmember	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600

Subtotal Box D \$ _____

Concurrent Scientific Session Selections

Please indicate which sessions you plan to attend.

Friday, February 24

Saturday, February 25

1:30–2:30 pm	3:30–4:30 pm	4:45–5:45 pm	2–3:30 pm	3:45–5:15 pm
<input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/>

Sunday, February 26

8:30–9:30 am 9:45–10:45 am 11 am–Noon/12:30 pm

<input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>
--	--	---

Guest Registration

Number of Guest Badges _____ x \$100 (GST)

Guest name(s) _____ Subtotal Box F \$ _____

Special Requests

- I will be using a wheelchair at the conference. (SA) I do not wish to have my name and contact information included in the onsite attendee list. (DIS)
- I will need a vegetarian meal. (SDV) I will need a kosher meal. (SDK)

Additional Seminars

Cadaver Workshop

Thursday, February 23, 7:30 am–5:15 pm

(visit www.painmed.org/cadaver for registration information)

Safe Opioid Prescribing Program

Saturday, February 25, 8:30 am–5:15 pm to Sunday, February 26, 8:30 am–Noon

(visit www.painmed.org/safeprescribing for registration information)

GRAND TOTAL Be sure to complete all boxes.

A or B + C or D + F = \$ _____

4 Easy Ways to Register

- Online**
www.painmed.org
(Credit card payment only)
- Phone**
847.375.4731
(Credit card payment only)
- Fax**
847.375.6477
(Credit card payment only)
- Mail**
AAPM Annual Meeting
P.O. Box 839, Glenview, IL 60025-0839

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 15, 2012, to qualify for early-bird rates.

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 27, 2012. All refunds will be processed after the Annual Meeting.



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THIS IS OUR TIME!

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MEDICAL COMMUNITY ON THE

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- Practice of pain medicine
- Changing healthcare environment

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Preconferences Begin February 22, 2012 PAGE 8
Cadaver Workshop • Essentials Course • Ultrasound Guidance

Concurrent Safe Opioid Prescribing Course PAGE 10
February 25–26, 2012
Safe Opioid Prescribing: Reversing the Trends

VISIT AAPM'S WEBSITE AT WWW.PAINMED.ORG TO REGISTER TODAY.