Co-Chairs Set the Stage with Evidence-Based Research and Knowledge

**AAPM 29TH ANNUAL MEETING—FORT LAUDERDALE, FL, APRIL 11–14**

“This meeting provides an update on both biochemical and biopsychosocial treatments that help pain clinicians be better, well-rounded physicians.”

— Steven P. Stanos, Jr., DO, Conference Co-Chair

“As a group, we are trying to bridge the purely clinical conference and purely scientific conference to make it more salient to the practicing physician as well as the academician.”

— Jeffrey M. Tiede, MD MAJ MC USA, Conference Co-Chair

There is no better way to advance in times of change than to aim for specific goals. Above all, pain medicine physicians strive to improve the quality of their patients’ lives even as changes to their practice resulting from healthcare reform and regulation take place and media reports on pain abound.

The same holds true for the field of comprehensive pain medicine. The American Academy of Pain Medicine’s (AAPM’s) 29th Annual Meeting in Fort Lauderdale, FL, April 10–14, will address pressing concerns of pain medicine physicians, as well as primary care physicians, as they look to better assess and diagnose patients with acute and chronic pain disorders, develop patient treatment plans, improve treatment of patients with addictions and psychological disorders, and enhance the scientific rigor and quality of their practice.

Besides providing an ideal networking venue, the meeting cuts a clear educational path for clinicians and academicians to

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Co-Chairs Set the Stage with Evidence-Based Research and Knowledge

learn the latest trends and evidence-based research. It does this by delineating knowledge and presenting a balance of complex issues and straightforward clinical information to use in practice.

“Understanding the changing medical environment is of utmost importance to a pain management physician,” said conference co-chair Maj. Jeffrey M. Tiede, MD, of Dwight D. Eisenhower Army Medical center, Fort Gordon, GA. “To practice pain management in this environment requires a good grasp of medical and legal consequences, especially [in regard] to regulations on opioids and the litigious environment. An evidence-based founded practice is extremely prudent.”

“The AAPM meeting covers the gamut of pain medicine, from interventional and restorative to psychiatric and pharmacologic. This gives the busy practitioner one-stop shopping,” Dr. Tiede added. “We want to make sure to shore up and distribute data as much as we can, so that we practice in an evidence-based fashion.”

Conference co-chair Steven P. Stanos, Jr., DO, of the Rehabilitation Institute of Chicago said that the meeting sessions strike a balance between biopsychosocial-based therapies and biomedical-based interventions, such as spine injection therapies.

For example, while large issues such as interventional pain and veterans’ pain care are presented in multisession tracks, several symposia highlight physical examination and assessment. The session “Shoulder vs. Neck Pain,” for instance, provides clinicians with tools to assess patients’ pain condition of a specific body part, according to Dr. Tiede. Likewise, the session “Clinical Pearls of Pain Medicine” provides five “rapid-fire” introductions to important topics such as smoking and chronic pain, hypogonadism, platelet-rich plasma (PRP), new sacroiliac joint interventional procedures, and exercise to treat spinal pain disorders.

“There are always ongoing changes and evolving novel treatments in the field, and it is important for pain clinicians to be updated on these therapies, including a review of the evidence,” said Dr. Stanos. “This meeting provides an update on both biochemical treatments and biopsychosocial treatments that help pain clinicians be better, well-rounded physicians.”

“We’ve developed a program that we hope will give pain clinicians valuable information in a number of different areas, from how to treat the complex patient with an opioid-addiction problem to how to better assess your patient, such as by improving your physical exam skills for assessing hip or shoulder pain complaints,” Dr. Stanos added. “We’re focused on covering broad areas to more straightforward clinical scenarios. We have lectures on interdisciplinarity treatment—combining psychological, medical, and even physical therapy—as well as courses on chronic abdominal pain, and patients with opioid addictions who need functional restoration. A number of opioid management–related courses will examine improved patient screening processes, long-term monitoring techniques, and detoxification strategies.”

That balanced educational approach is reflected in keywords used to describe various sessions:

**Cutting Edge—Platelet-Rich Plasma**

Regenerative medicine is a top research priority in pain treatment, and injections of platelet-rich plasma (PRP) hold particular promise because they accelerate tissue repair and regeneration caused by injury or surgery. In “PRP: Regenerative Therapy,” clinical applications of PRP in the areas of tendinopathy, osteoarthritis and cartilage lesions, and surgery will be discussed. “The goal of this preconference session is to introduce the topic to the physicians who are familiar with PRP and to summarize the data that are out there,” said Dr. Tiede. “We neither condone nor promote PRP. It’s an emerging topic that is of interest to a pain physician and a musculoskeletal physician.”

**Practical—Essential Tools of Pain Medicine**

The preconference session “Essential Tools for Treating the Patient in Pain” is well-known for presenting practical approaches to treating common pain disorders. “This course, which is targeted to everyone from residents to members, has generated great feedback from attendees,” said Dr. Stanos. “It’s a good overview of all the general areas of pain medicine.” The 2-day course offers lectures and case presentations on assessing, diagnosing, and treating patients with acute, cancer, end-of-life, and chronic pain syndromes. Topics include pain and the law, neuropathic pain, headache, facial pain, abdominal and pelvic pain, cervical and lumbar spine pain, shoulder and hip pain, interventional therapies for spine pain, cancer pain and palliative care, medical acupuncture, and marijuana as an analgesic.
Thought-Provoking—Keynote and Plenary Sessions

From the many clinical trials of new pain treatments not showing significant benefits, keynote speaker Robert H. Dworkin, PhD, of the University of Rochester School of Medicine and Dentistry, will address the sensitivity inherent in clinical trials and provide his insights on using research to improve pain treatments in clinical practice. “There has always been a focus on connecting, almost from a translational standpoint, clinical trials and clinical practice,” said Dr. Stanos. “It’s important to clinicians to know how to make sense of data that are out there and how studies are done. Dr. Dworkin will help us clinicians understand the issues and how these trials are done.”

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Another plenary session focuses on functional neuroimaging of chronic pain. With recent studies showing that neuroplastic alterations in brain center activities are involved in developing chronic pain states, attention is turning to identifying objective chronic pain biomarkers that track with clinical pain reporting. Moreover, real-time functional MRI, or fMRI, is being assessed as a therapeutic feedback tool to reduce the severity of chronic pain. Moderated by Sean Mackey, MD PhD, and Vitaly Napadow, PhD, this session reviews, among other issues, how central brain networks are involved in both acute and chronic pain states.

**Evidence Based—Advanced Pain Research**

The AAPM Research Committee is providing this education session as part of its continuing efforts to improve the research opportunities of AAPM members and meeting attendees. “Advancing Pain Research in Clinical Practice” explores the process of initiating clinical research and analyzing data. Attendees will learn about assessing, tracking, and analyzing treatment outcomes in routine clinical practice.

Another session, “Prospective Evidence-Based Studies for Implantable Therapies,” provides a comprehensive review of three evidence-based studies on emerging technologies revolutionizing the practice of interventional pain medicine.

Moreover, the current climate of accountable care organizations, declining reimbursements, and bundled payments continues to point to the importance of practicing evidence-based medicine to ensure payment for services. Those who attend “Value-Based Care for Pain Medicine” will learn, among other things, the value of electronic assessment tools to gather, track, and present value-based data.

**Interdisciplinary**

The session “Chronic Pain and Addiction: Lessons Learned from Interdisciplinary Chronic Pain Rehabilitation Programs” highlights two intensive interdisciplinary chronic pain rehabilitation programs for individuals with persistent, nonmalignant pain: the Cleveland Clinic’s Chronic Pain Rehabilitation Program and the Rosomoff Comprehensive Rehabilitation Center.

Stanos stressed that functional rehabilitation programs are increasingly incorporating opioid detoxification. “Functional restoration programs are a big part of chronic pain management, and there is bigger emphasis now on including addiction medicine and addiction treatment,” he said. “There’s been a growing awareness that you can combine programs. Functional restoration programs include a combination of formal rehabilitation-based therapies—such as physical and occupational therapy, relaxation...
training, exercise, and vocational rehabilitation—with pain medicine."

Dr. Tiede added, "As we move to different payer environments, we really want to emphasize functional restoration of patients, [which means] improving the quality of patients' lives, not simply decreasing their pain score by one or two points. Most of the conscientious pain physicians in practice are much more interested in functional restoration than simple pain scores."

Meanwhile, the session "Chronic Abdominal Pain: An Interdisciplinary Approach" focuses on the work of one interdisciplinary chronic abdominal pain clinic through case-study presentations followed by a roundtable discussion.

**Forward Thinking**

"Complex Regional Pain Syndrome (CRPS) is an evolving area, and it's one of the tougher conditions for pain clinicians to treat," Dr. Stanos said. "There is a lot of basic science research and clinical research as well. It's an important topic, especially for the specialists." A session on CRPS explains the role of various treatments in the interdisciplinary model and interprets evidence-based data on novel treatments for treating CRPS. The session also explores how to best integrate various therapies included in a new treatment algorithm.

Another session focuses on the future of spinal cord stimulation and intrathecal drug therapy. "We have good, updated material on this," said Dr. Stanos. "We also have a session on prospective evidence-based studies for implantable therapies. These are very expensive procedures, and there is always a push to have better evidence for them."

In all, Stanos said that pain medicine physicians want to be on the forefront of practicing conscientiously, including prescribing opioids safely. "We want to make sure that, as much as possible, the practice itself is one that is ethical and is doing the right thing."
Now, More Than Ever, It's Important to Be a Part of the Premier Association for Pain

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

With the amount of pain that is reported in the news every day, our society needs physicians treating pain—more than ever—to maintain a strong stance as pain experts in the medical community. Our society needs physicians who understand the cadre of pain therapies and treatments: physicians who are grounded in pain science and can properly assess risk, navigate treatments, manage patients’ expectations, and supervise ongoing pain care. Now—more than ever—our society needs the hope that dedicated pain physicians can offer...a hope for improved quality of life!

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

AAPM members value the benefits included in a membership with the Academy, such as the Pain Medicine journal, which is the premier source of peer-reviewed research and commentary on the multidisciplinary clinical practice of pain medicine.

AAPM is also the trusted source for quality education by the top experts and researchers in the field, receiving accreditation with commendation from the Accreditation Council for Continuing Medical Education. Members rank the Annual Meeting as one of the most important benefits of their AAPM membership, as well as the online education and CME portal. In addition, members have access to the robust AAPM website that features a Members’ Community, library of pain medicine resources, coding and practice management resources, and patient education materials. AAPM members are also kept abreast of the latest pain news and research, warnings and recalls, and advocacy updates through the AAPM e-News and AAPMail Alerts.

Join AAPM today and become part of an organization dedicated to the highest level of clinical practice for pain care in a dynamic intellectual, technical, social, and cultural environment. And, for those who already are members, we say thank you. Your participation adds strength to the Academy and is essential for AAPM to remain vital and relevant. Encourage your colleagues to become part of a distinguished community of physicians, researchers, and allied health professionals with a sustained interest in pain disorders and pain management.

AAPM Foundation Faces 2013 Prepared to Advance the Science and Practice of Pain

The American Academy of Pain Medicine Foundation was created in 2011 to work in cooperation with the AAPM to amplify and expand the Academy’s vital work. The overarching focus of the foundation’s efforts is to advocate for patient safety by providing funding support to expand and enhance education and research. For more information, please visit www.painmed.org/foundation.
### Preconference Seminar Registration | Thursday, April 11

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### Concurrent Scientific Session Selections

Please indicate which sessions you plan to attend.

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

(April 10, 7:15 am–5:30 pm; April 11, 7:15 am–5:30 pm)

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### Guest Registration

Number of Guest Badges: $x 180 (GST)

**4 Easy Ways to Register**

- **Online**: www.painmed.org (Credit card payment only)
- **Phone**: 847.375.4731 (Credit card payment only)
- **Fax**: 847.375.8477 (Credit card payment only)
- **Mail**: AAPM Annual Meeting, P.O. Box 839, Glenview, IL 60025-0839

**Payment Methods**

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

**If** a charge of $75 is applied to checks returned for insufficient funds.

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World-Class Plenary Sessions

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- Evidence-Based Pain Medicine
- Military Sessions
- Health Reform, REMS, IOM
- The Mind of Pain
- Newsmaker Sessions
- In-Demand Workshops
- Hottest Topics in Pain Today

AAPM 2013 Annual Meeting Keynote and Plenary Sessions

**CLINICAL TRIALS AND CLINICAL PRACTICE: THERE’S MANY A SLIP TWIXT CUP AND LIP**

*Robert H. Dworkin, PhD, Keynote Presenter*

Explore the sensitivity inherent in clinical trials. Gain insights into the use of research in improving the treatment of pain in clinical practice. Dr. Dworkin has a thought-provoking presentation that explores the sensitivities inherent in clinical trials, providing valuable insights on the use of research in improving the treatment of pain in clinical practice. He will inform us about international efforts that are now underway to determine methodological factors that enhance the sensitivity of analgesic trials so that an evidence-based approach to clinical trials can be developed.

**PAIN MEDICINE EDUCATION AND TRAINING: MANIFESTING COMPETENCE AND COMPASSION**

*Beth B. Murinson, MD PhD MS (Biomath), Plenary Speaker*

Promote excellence in patient care by reforming medical education and training, from medical school admission through continuing physician professional development, this plenary session will address key issues related to improving the care of pain patients through advancements in medical school pain curriculums, residency and training programs, and professional development opportunities for the 21st century pain physician. This plenary forum will also discuss key findings of significant changes that are needed in medical student education through recommendations from AAPM medical student educators.

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Come network and learn from 95 outstanding physician speakers at the AAPM 29th Annual Meeting: Advancing the Science and Practice of Pain Medicine.