

PAIN MEDICINE NETWORK

Physicians Dedicated to Relieving Pain

Preshow Extra Spring 2013

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

continued on page 5



Co-Chairs Set the Stage with Evidence-Based Research and Knowledge *continued from page 1*

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 interdisciplinary 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.



Educational Tracks Highlight Pain Care in the Military and Advances in Interventional Care

Several special educational tracks at this year's meeting will provide depth and insight to the continuum of better pain care. Of interest to any pain physician is the four-part military track that discusses the top-quality pain care by the Department of Defense (DoD) and Veterans' Health Administration (VHA). Attendees will learn

- how the military manages acute pain as a pathophysiologic entity
- how the military differentiates itself from civilian functional recovery programs, including some preliminary work done in soldier functional rehabilitation
- how the military has experienced success in treating chronic pain with interdisciplinary pain management programs
- how the Veterans Affairs Special Care Access Network Extension for Community Healthcare Outcome (SCAN-ECHO) program enables rural primary care clinicians to care for veterans with chronic pain conditions by connecting via video conferencing with specialists at VHA medical facilities.

Conference co-chair MAJ Tiede said of this track: "This year, we wanted to bring together as many providers as possible—not only those in the DoD and VHA, but also providers in the community who treat veterans. We're going to have the heads of practice pain management in the Army, Navy, and the VHA. This is the first time, to my knowledge, that together we've discussed how we can better coordinate care in America's service members and veterans."

"We're going to touch base on not only the command component, but also some of the other exciting advancements. First, we will discuss an intensive functional rehabilitation program started in the Army. We also want to touch on interventional posttraumatic stress disorder (PTSD) treatment. Our Navy brethren will discuss some of the things that they are doing with stellate ganglion blocks and PTSD. All of these topics are very much applicable to your community-based physician."

According to Tiede, SCAN ECHO will help bring high-quality specialized pain care to the community, especially to underserved

areas. "As we expand patients' access to health care with the Affordable Care Act, various physicians and communities can utilize this program, which was started at the University of Mexico." This is especially imperative for people in rural areas, he added.

Interventional Pain

According to Dr. Tiede, this year AAPM has partnered with the International Spine Intervention Society (ISIS) to present an overview of interventional pain. "This gives ISIS the opportunity to get their message out in a comprehensive way and to summarize some of the literature behind efficacy of injections and how to practice interventional pain medicine safely. With the recent meningitis tragedy, it is imperative that we, as an organization, partner with other organizations to champion process improvement and safe practices. Then we must work diligently to spread these best practices to all who practice pain management," said Tiede. There are three sessions on interventional pain:

- The first explores the indications for spinal injections and provides examples of good evidence and poorly performed studies.
- An educational session reviews techniques used to perform basic lumbar and cervical procedures that decrease risk and improve outcomes.
- A third session discusses cervical medical branch blocks and cervical radiofrequency—two of the most rigorously studied procedures in interventional pain medicine. Medical branch blocks can detect the source of pain in about half of patients with chronic neck pain, and radiofrequency neurotomy is the only treatment for neck pain that has been shown to relieve pain completely. This session will provide a recently released comprehensive model of treatment and will explore current healthcare-reform issues and reimbursement trends as they relate to spine intervention. ■

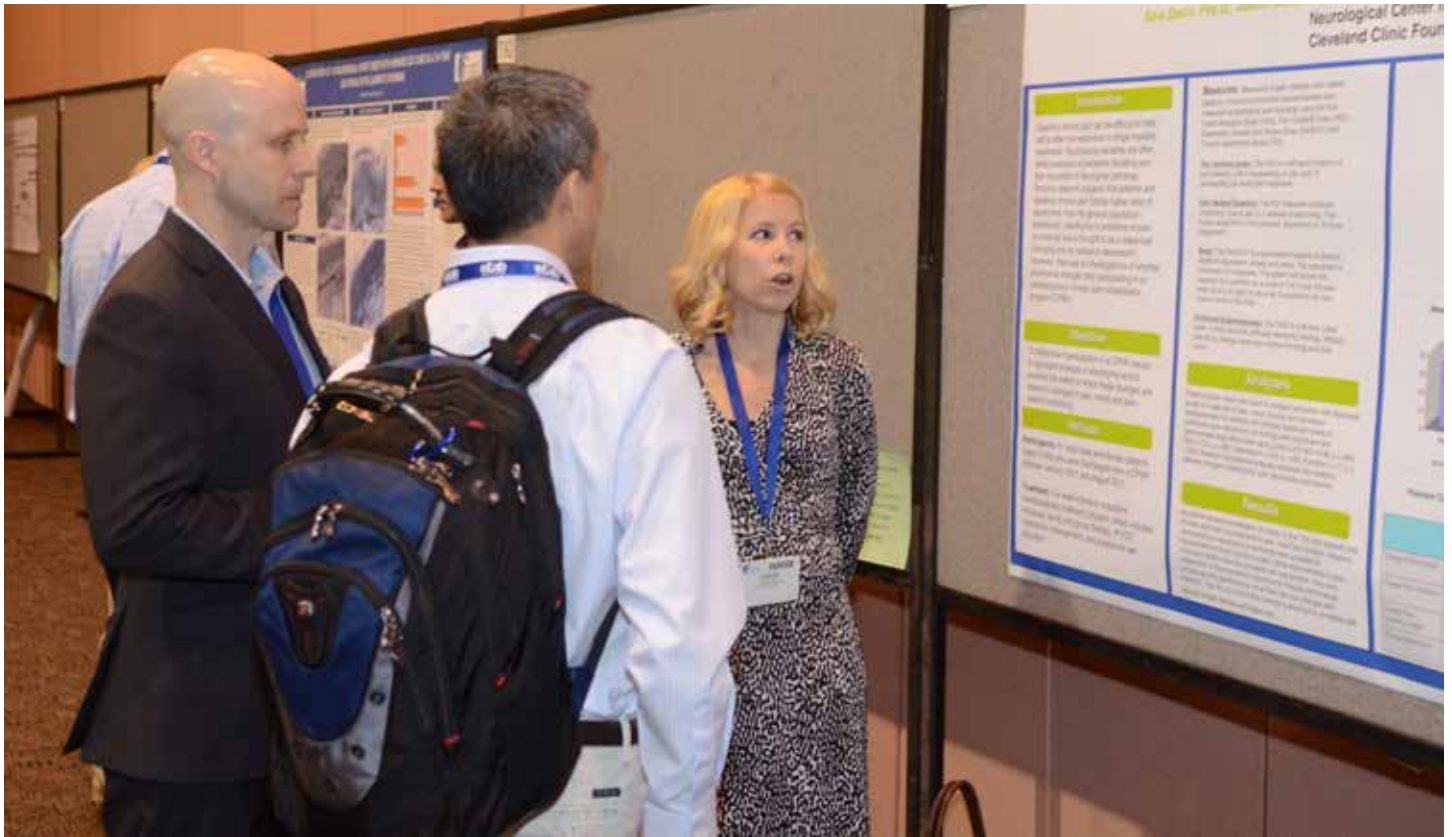
Thought-Provoking—Keynote and Plenary Sessions

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."

continued on page 4

Co-Chairs Set the Stage with Evidence-Based Research and Knowledge *continued from page 3*



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.” ■

AAPM 2013 Annual Meeting Keynote and Plenary Sessions

FUNCTIONAL NEUROIMAGING OF CHRONIC PAIN: PROMISES AND PITFALLS



Sean Mackey, MD,
PhD, Moderator,
Plenary Session



M. Catherine Bushnell,
PhD, Plenary Speaker



Vitaly Napadow, PhD,
Plenary Speaker

Current views recognize the role of neuroplasticity on the central nervous system in the development and maintenance of chronic pain states. There is now evidence from anatomical and functional brain imaging suggesting that the brains of chronic pain patients are different from those of their healthy counterparts. These findings have intriguing implications, including the possibility of deriving objective chronic pain biomarkers, which track with clinical pain report. However, many questions remain, some of which will be addressed in this plenary session: Are these brain changes the cause or effect of pain and comorbidities? What are the consequences of such changes on brain regions and networks? Can these changes be reversed?

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



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!

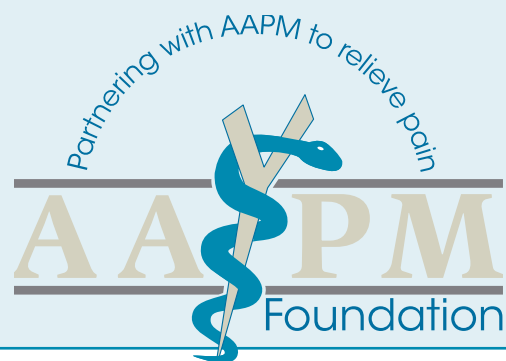
Physicians treating today's pain patients continue to turn to the premier pain association that is committed to advancing the science and practice of pain medicine—AAPM. AAPM is committed to the highest standards of patient care; the scholarship, science, and research of pain medicine; upholding ethical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



AAPM 29TH ANNUAL MEETING REGISTRATION FORM

April 11-14, 2013 • Fort Lauderdale, FL

(Essential Tools for Treating the Patient in Pain™ begins on April 10, 2013, and preconference seminars begin on April 11, 2013.)

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 _____ National Provider Identifier (NPI)# _____

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) _____

Check here if this will be your first AAPM Annual Meeting. (fta)

Check here if you are a primary care physician. (pcp)

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 | April 11-14, 2013

A

	Early-bird rate postmarked on or before February 18, 2013	Regular rate postmarked after February 18, 2013
AAPM Physician Member	<input type="checkbox"/> \$675	<input type="checkbox"/> \$775
Join & Register Physician*	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,050
AAPM Affiliate Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
Join & Register Affiliate*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
AAPM Student, Resident, Trainee Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Join & Register Student, Resident, Trainee*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Military**	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
Nonmember	<input type="checkbox"/> \$875	<input type="checkbox"/> \$975

*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 faxed to 847.375.6477 or e-mailed to info@painmed.org.

**Applies to active duty service members. ID is required onsite to confirm this rate.

Questions: Contact AAPM Membership Manager kkathan@painmed.org.

Subtotal Box A \$ _____

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

B

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

Friday only Saturday only Sunday only

	Early-bird rate postmarked on or before February 18, 2013	Regular rate postmarked after February 18, 2013
AAPM Physician Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
AAPM Affiliate Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
AAPM Student, Resident, Trainee Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Military*	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325
Nonmember	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650

*Applies to active duty service members. ID is required onsite to confirm this rate.

Subtotal Box B \$ _____

Essential Tools for Treating the Patient in Pain™ Registration

C

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

	Rate if also registering for the Annual Meeting	Rate for Seminar only postmarked on or before February 18, 2013	Rate for Seminar only postmarked after February 18, 2013
AAPM Physician Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
AAPM Affiliate Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
AAPM Student, Resident, Trainee Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
Military*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
Nonmember	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Handouts	<input type="checkbox"/> \$35		

*Applies to active duty service members. ID is required onsite to confirm this rate.

Subtotal Box C \$ _____

Guest Registration

D

Number of Guest Badges _____ x \$180 (GST)

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

Preconference Seminar Registration | Thursday, April 11

E

7:30-11:30 am Ultrasound Guidance (001AM) 1:15-5:15 pm Ultrasound Guidance (001PM)

	Rate if also registering for the Annual Meeting	Rate for Seminar only postmarked on or before February 18, 2013	Rate for Seminar only postmarked after February 18, 2013
AAPM Physician Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
AAPM Affiliate Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
AAPM Student, Resident, Trainee Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Military*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Nonmember	<input type="checkbox"/> \$590	<input type="checkbox"/> \$690	<input type="checkbox"/> \$790

1:15-4:15 pm Platelet-Rich Plasma (PRP): Regenerative Therapy (002)

	Rate if also registering for the Annual Meeting	Rate for Seminar only postmarked on or before February 18, 2013	Rate for Seminar only postmarked after February 18, 2013
AAPM Physician Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
AAPM Affiliate Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
AAPM Student, Resident, Trainee Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Military*	<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

*Applies to active duty service members. ID is required onsite to confirm this rate.

Subtotal Box E \$ _____

Concurrent Scientific Session Selections

F

Please indicate which sessions you plan to attend.

Friday, April 12

1:45-2:45 pm	3:45-4:45 pm	5-6 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"/> 0 <input type="checkbox"/>

Saturday, April 13

10:45-11:45 am/Noon	1:30-2:15 pm	2:30-4/4:15 pm	4:15-5:45/6 pm
<input type="checkbox"/> 3 <input type="checkbox"/> 0 <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"/>	<input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/>

Sunday, April 14

8:30-9:30 am	9:45-10:45 am	11 am-Noon
<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"/> 0 <input type="checkbox"/>

Subtotal Box F \$ _____

Special Requests

G

- I will require special assistance. Please contact me. (SA)
- I will need a vegetarian meal. (SDV)
- I will need a kosher meal. (SDK)
- I do not wish to have my name and contact information included in the onsite attendee list. (DIS)

Specialty Please mark your specialty and select your credentials.

H

- Anesthesiology Neurological Surgery Psychiatry
- Neurology Physical Medicine and Rehab Other _____

Credentials

DO MD Nonphysician

GRAND TOTAL Be sure to complete all boxes.

I

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

4 Easy Ways to Register

• **Online**
www.painmed.org
(Credit card payment only)

• **Fax**
847.375.6477
(Credit card payment only)

• **Phone**
847.375.4731
(Credit card payment only)

• **Mail**
AAPM Annual Meeting
P.O. Box 839, Glenview, IL 60025-0839

Payment MasterCard

- Make check payable to AAPM.
- A charge of \$75 will apply to checks returned for insufficient funds.

Visa American Express Discover Check (enclosed)

- 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 February 18, 2013, 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 March 15, 2013. All refunds will be processed after the Annual Meeting.



4700 W. Lake Avenue
Glenview, IL 60025-1485
847.375.4731
www.painmed.org

Get the latest updates

World-Class Plenary Sessions

Cutting-Edge Workshops on

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

the AMERICAN ACADEMY of PAIN MEDICINE

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 **New Plenary Just Added**

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.

continued on page 5

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

REGISTER TODAY BY PHONE OR FAX.