

the AMERICAN ACADEMY *of* PAIN MEDICINE



31st ANNUAL MEETING

PAIN MEDICINE DC

The emerging science and practice of pain medicine

**PRECONFERENCE
SESSIONS
BEGIN MARCH 18**

**MEETING DATES
MARCH 19-22, 2015**

**EXHIBIT DATES
MARCH 19-21, 2015**

GAYLORD NATIONAL RESORT & CONVENTION CENTER • NATIONAL HARBOR, MD

PRELIMINARY PROGRAM

WWW.PAINMED.ORG



A MESSAGE FROM AAPM'S PRESIDENT

It gives me great pleasure to invite you to AAPM's 31st Annual Meeting, which will be held March 19–22, 2015, in National Harbor, MD. Chronic pain is an astounding societal problem. Tackling this issue is a moral imperative, one that directs the cultural transformation in how we care for people in chronic pain, educate our providers, as well as how we prevent and research pain. To that end, we have undertaken several major initiatives. One includes our efforts with the development of the National Pain Strategy, whose overall objective is to develop a comprehensive population-level health strategy for pain prevention, treatment, management, and research. Additionally, AAPM is leading the collaboration efforts among nine primary care organizations to focus on pain education. AAPM is also expanding its coverage and leadership of pain medicine through the recognition that pain exists on a continuum from acute to chronic. We are also engaging our members through the range of training and practice. In particular, we are bringing more trainees into the Academy as they represent the future of pain medicine. Finally, AAPM recognizes that pain is a "team sport." Our recent changes to the Bylaws have promoted a stronger involvement by nonphysician members who play a critical role in the team-based approach to caring for the person in pain. These initiatives set the stage as a forum for the proactive exchange of knowledge.

The practice of pain medicine is changing, and as AAPM prepares for its upcoming annual meeting, we are uniquely positioned to provide you with the education and resources that put you at the forefront of pain medicine. This year's programming will offer sessions that cover the entire spectrum of pain assessment, management, prevention, and research.

This meeting promises to be an invigorating, educational, and innovative program, providing you with a breadth of information, outstanding educational sessions, expert faculty, and an unparalleled opportunity to network with colleagues. You will have access to the latest science in pain research and explore the legislative, regulatory, and pain management issues that affect your practice. AAPM's Annual Meeting will be the most important pain medicine meeting of the year. With the anticipated rollout of the National Pain Strategy, it is even more salient that our meeting will be held in our nation's capital.

Be sure to register early and visit www.painmed.org for the latest up-to-date information. I look forward to seeing you in Maryland.

Sean Mackey, MD PhD

AAPM President

2015 ANNUAL MEETING DESIRED OUTCOMES

- Maintain a knowledgeable and competent workforce of pain medicine and primary care clinicians.
- Improve the safety of acute and chronic pain treatment protocols.
- Improve the delivery of evidence- and value-based pain care through use of outcomes-tracking software.
- Decrease the rate of opioid- and pain analgesic-related adverse events.
- Improve functional pain outcomes through the use of patient-centered treatment plans.

WHO SHOULD ATTEND

AAPM educational programming is targeted to pain medicine practitioners and all healthcare professionals seeking to increase their knowledge, competence, and performance related to common pain medicine protocols, including prescribing practices recommended to maximize the safety and effectiveness of opioid analgesic therapy, as well as their understanding of the growing field of comprehensive pain medicine through evidence-based research, clinical practice standards and guidelines, and interactive educational strategies.

No prior preparation is required to attend.

MEETING HIGHLIGHTS

The AAPM Annual Meeting will engage pain specialists and all clinicians to improve the quality, safety, and efficacy of pain medicine treatments and modalities across the healthcare continuum. As an extension of the live Annual Meeting programming, postprogram activities will empower pain champions to transform their own communities by improving the assessment, evaluation, clinical decision-making skills, and patient-centered communication strategies needed to deliver the right pain care at the right time in the appropriate practice setting by providing

- practice management strategies to improve the delivery of value-based pain care
- access to functional interdisciplinary pain care models and integrative treatment modalities
- cutting-edge approaches to improving the quality, safety, and efficacy of care for common and complex pain disorders
- opportunities to advance the specialty of pain medicine through research, advocacy, ethics, and education
- treatment models designed to improve the practice of acute pain medicine and prevent the transition from acute to chronic pain
- an understanding of the changes to the practice of pain medicine in your practice resulting from healthcare reform
- opportunities to advance the interdisciplinary approach to pain care, including a hands-on acupuncture program
- the chance to enhance your practice performance with the newest products and services showcased in the resource center (exhibit hall)
- novel pain management options provided through acute and interventional pain treatment tracks.

ABOUT THE MEETING

MEETING OBJECTIVES

After attending the meeting, participants should be better able to

- demonstrate the value of a multidisciplinary team approach to the management of acute, chronic, and cancer pain syndromes
- examine clinical assessment and treatment protocols to improve the treatment of patients with various pain conditions
- overcome barriers to the implementation of evidence-based strategies that improve the management of chronic migraines and intractable headaches
- implement the use of cost-effective and evidence-based integrative pain management modalities
- implement patient selection criteria and patient safety protocols designed to mitigate risks
- improve patient outcomes through interventional pain therapies and integrative treatments
- optimize the assessment and evaluation of psychological factors that predict opioid prescription misuse and abuse
- improve the practice of setting functional goals as a standard component of the patient-centered pain treatment plan
- reduce costs, improve efficacy, and use outcome-tracking tools through evidence-based integrative and interventional pain techniques
- improve the coordination and use of evidence-based, patient-centered, and value-oriented pain care in the primary care setting
- advance the role of the patient in improving compliance and patient outcomes
- integrate interventional pain medicine into community-based hospice and palliative care
- enhance knowledge of careers in the field of pain medicine research and treatment.

ACCME'S "ACCREDITATION WITH COMMENDATION" AWARDED TO AAPM EDUCATION

AAPM was resurveyed by ACCME and awarded Accreditation with Commendation as a provider of CME for physicians for a term of 6 years through November 30, 2017. The 6-year accreditation is the highest accreditation awarded by ACCME.

ACCME rigorously evaluates the overall CME programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the United States.

ACCME accreditation seeks to assure both physicians and the public that CME activities provided by the Academy meet the high standards of the essential areas, elements, policies, and criteria for accreditation as specified by ACCME.



CONTINUING MEDICAL EDUCATION CREDITS

Accreditation Council for Continuing Medical Education
The American Academy of Pain Medicine (AAPM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education (CME) for physicians.

AAPM designates all AAPM CME activities associated with the 31st Annual Meeting for a maximum of 27 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAPM 31st Annual Meeting and Related Education Programs

31st Annual Meeting.....	up to 15 credits
Essential Tools for Treating the Patient in Pain™.....	12 credits
Ultrasound Guidance for the Pain Physician.....	4 credits
Neuromodulation: An Evidence-Based Update of the Field.....	4 credits
REMS Preconference Program.....	3.5 credits

PriMed (pmiCME) is the accredited provider of record and will provide CME for this program.

Please note: Attendees cannot receive credit for simultaneous sessions, including preconference sessions and concurrent workshops. The highest number of credits can be earned by combining the 31st Annual Meeting and Essential Tools for Treating the Patient in Pain™, which will provide a maximum of 27 CME credits. REMS preconference program attendees can earn up to 3.5 additional credits.

American Academy of Family Physicians (AAFP)

Applications for AAFP CME credit for the Annual Meeting and Essential Tools for Treating the Patient in Pain™ preconference programs have been filed with AAFP. Determination of credit is pending.

American Academy of Physician Assistants (AAPA)

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from accredited organizations, including AAFP. AAPM has filed applications for AAFP CME credit for both the Annual Meeting and the Essential Tools for Treating the Patient in Pain™ programs. Determination of credit is pending.

Disclaimer

AAPM reserves the right to substitute faculty or to cancel or reschedule sessions and preconference sessions because of low enrollment or other unforeseen circumstances. If AAPM must cancel the meeting, registrants will receive a full credit or refund, minus a processing fee of \$25. AAPM is not liable for any other loss, cost, or expense, however caused, incurred, or arising from cancellation.

Americans with Disabilities Act

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



Connect with more than 1,000 preeminent thought leaders, researchers, and practitioners and a growing number of primary care physicians at the premier pain medicine meeting for physicians and their treatment teams.

PRECONFERENCE SESSIONS

WEDNESDAY, MARCH 18, AND THURSDAY, MARCH 19

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



Co-Chairs
Farshad M. Ahadian, MD (pictured left);
Gagan Mahajan, MD

Designed for clinicians interested in the fundamentals of pain medicine and practical approaches to the treatment of common pain disorders, this program offers clinically focused lectures and case presentations on the assessment, diagnosis, and treatment of patients with various acute, cancer, end-of-life, and chronic pain syndromes.

WEDNESDAY, MARCH 18—DAY 1

7:15 am–5:30 pm

The Difficult Pain Patient: Barriers to Success

The Anatomy of Ouch!

Understanding and Treating Neuropathic Pain

Overview of Non-Opioid Pain Pharmacology

Headache: Evaluation, Examination, and Treatment

Quick Approach to the Pain Psychiatric Interview

Fibromyalgia: Discrete Disease, Tip of the Iceberg, or Rubbish?

Medically Unexplained Physical Symptoms: What to Do?

Shoulder and Hip Pain: Assessment and Physical Exam

Cervical and Lumbar Spine Pain: Assessment and Physical Exam

Therapeutic Exercise as a Prescription for Chronic Pain: Does It Work?

Interventional Therapies for Spine Pain

THURSDAY, MARCH 19—DAY 2

7:30–11:45 am

Cancer Pain and Palliative Care

Chronic Abdominal and Pelvic Pain: Diagnosis and Treatment

Medical Acupuncture and Chronic Pain

Medical Marijuana: Review of Current Evidence

Strategies for Managing Chronic Pain in the Patient with Addiction

Pain Medicine: Emerging Policy and Regulation

THURSDAY, MARCH 19

7:30–11:30 am

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



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

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

This program includes discussion on the following ultrasound-guided procedures:

- musculoskeletal injections
- cervical injections
- lumbosacral injections
- periprocedural/regional procedures.

2.6 hours will be spent in ten hands-on workshop stations:

- shoulder, biceps, tendon
- hip/troch
- peripheral nerve (med/uln/rad/saph/sural)
- sacroiliac joint/piriformis/caudal
- ilioinguinal iliohypogastric, LFCN, TAP
- intercostals, paravertebrals
- interscalene, axillary
- cervical spine—TON, MBB, stellate
- MSK/chronic pain station
- periprocedural station (femoral, sciatic, peroneal, P. tibial, saphenous, TAP)

1:15–5:15 pm

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

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

[†] The Ultrasound Course is limited to 60 registrants per session and is subject to cancellation if attendance does not meet capacity.

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

THURSDAY, MARCH 19

7:30–11:30 am

Neuromodulation: An Evidence-Based Update of the Field (002)^{†**}



Program Co-Chairs (from left): Timothy R. Deer, MD; Tim J. Lamer, MD; Robert M. Levy, MD PhD; Nagy A. Mekhail, MD PhD

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

Dorsal Root Ganglion Stimulation: The Basic Science

Peter S. Staats, MD

Dorsal Root Ganglion Stimulation: Prospective Clinical Results and Data

Allen W. Burton, MD

High-Frequency Stimulation: The Basic Science

Kasra Amirdelfan, MD

High-Frequency Stimulation: Prospective Clinical Results and Data

Leonardo Kapural, MD PhD

Burst Stimulation: The Basic Science

Robert M. Levy, MD PhD

Burst Stimulation: Prospective Clinical Results and Data

Timothy R. Deer, MD

Peripheral Nerve Stimulation: The Trunk

William P. McRoberts, MD

Peripheral Nerve Stimulation: The Limb

Konstantin V. Slavin, MD

Peripheral Nerve Stimulation: The Head and Neck

Samer Narouze, MD PhD

Peripheral Nerve Stimulation: The Hybrid System

Jason E. Pope, MD

Targets and Waveforms: The Future of Neuromodulation

Timothy R. Deer, MD

^{††}This program is subject to cancellation if attendance does not meet capacity.

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

1:15–4:45 pm

NEW! SAFE Opioid Prescribing (003)

Extended release/long-acting (ER/LA) opioids are highly potent drugs that are approved to treat moderate to severe persistent pain in serious and chronic conditions. The misuse and abuse of these drugs have resulted in a serious public health crisis of addiction, overdose, and death.

The Risk Evaluation and Mitigation Strategy (REMS) is part of a multi-agency federal effort to address the growing problem of prescription drug abuse and misuse. REMS introduces new safety measures to reduce risks and improve safe use of ER/LA opioids while continuing to provide access to these medications for patients in pain. This program provides an overview of strategies, assessment, and fundamentals of SAFE opioid prescribing.

MODULES

Evaluation Is Essential for Safe and Effective Pain Management Using ER/LA Opioids (45 min)

Best Practices for How to Start Therapy with ER/LA Opioids, How to Stop, and What to Do in Between (30 min)

Evidence-Based Tools for Screening Patients at Risk and Monitoring for Adherence to Prescribed ER/LA Opioids (30 min)

Talk to Me: Proven Methods to Counsel Your Patients on ER/LA Opioids and Achieve Positive Outcomes (30 min)

Everything You Always Wanted to Know About ER/LA Opioids as a Drug Class (30 min)

Getting the Most Clinical Insights from Specific ER/LA Product Information Sources (45 min, including Q&A)

Faculty

Charles E. Argoff, MD; Gagan Mahajan, MD; Steven P. Stanos Jr., DO

This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). This activity is fully compliant with the ER/LA Opioid Analgesics REMS education requirements issued by the U.S. Food & Drug Administration (FDA).

The SAFE Opioid Prescribing curriculum is developed by and is the property of Pri-Med, American College of Physicians, and Miller Medical Communications.

This activity is sponsored by pmiCME, which is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

pmiCME designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. In addition, pmiCME is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners (AANP). The AANP provider number is 040308. This program has been approved for 3.5 contact hours of continuing education.

A certificate of completion for the REMS Course will also be provided to attendees by pmiCME.



SCHEDULE AT A GLANCE

WEDNESDAY, MARCH 18				
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)			
11:30 am–Noon	Potential AAPM-Provided Lunch			
Noon–1 pm	Satellite Symposium			
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, MARCH 19				
6–6:15 am	AAPM-Provided Breakfast			
6:15–7:15 am	Potential Satellite Symposium			
7:30–11:30 am	Essential Tools for Treating the Patient in Pain™: What Every Primary Care and Pain Specialist Needs to Know— Day 2 (PME) (Ends at 11:45 am)	Ultrasound Anatomy and Guidance in Selected Acute and Chronic Pain Medicine Procedures (001 am)	Neuromodulation: An Evidence-Based Update of the Field (002)	
11:30 am–Noon	AAPM-Provided Lunch			
Noon–1 pm	Satellite Symposium—When Seconds Count, Will Your Patients Be Ready? Starting the Conversation About Opioid Overdose			
1:15–5:15 pm	SAFE Opioid Prescribing (003) (Ends at 4:45 pm)	Ultrasound Anatomy and Guidance in Selected Acute and Chronic Pain Medicine Procedures (001 pm)		
5–6:45 pm	AAPM 31st Annual Meeting Welcome Reception Exhibits & Poster Sessions—Group 1			
FRIDAY, MARCH 20				
6:15–6:45 am	Potential AAPM-Provided Breakfast			
6:45–7:45 am	Potential Satellite Symposium			
8–8:45 am	Keynote Presentation: National Pain Strategy Task Force: A Strategy to Transform Pain Prevention, Care, Education, and Research (101)			
8:45–9:30 am	Patient-Centered Outcomes Research Institute's (PCORI) Interests in Clinical Research on Pain Management (102)			
9:30–10:30 am	BREAK EXHIBITS & POSTER SESSIONS—GROUP 1			
10:30–11:15 am	Federal Medicine Efforts to Enhance Pain Management and Incorporate Integrative Medicine into General Pain Medicine (103)			
11:15 am–Noon	Plenary Research Highlights (104)			
Noon–12:30 pm	AAPM-Provided Lunch			
12:30–1:30 pm	Satellite Symposium—Medication Monitoring & Pharmacogenetic Testing (PGT): Helping Clinicians to Individualize Safer Opioid Management			
1:45–2:45 pm	Opioid Agonist Treatment in the Care of Co-Occurring Pain and Addiction (201)	Poster Research Highlights (202)	Contemporary Issues in Analgesic Development (203)	The Interventional Topics Pain Debate—Day 1, Session 1 (204)
2:45–3:45 pm	BREAK WITH EXHIBITS			
3:45–4:45 pm	Opioid Drugs: Interaction Pitfalls (205)	Neuropathic Pain: Pain Mechanisms, Pharmacotherapy, and Interventional Treatment (206)	The Relationship Between Industry and Pain Societies: Demystification and Legitimization (207)	The Interventional Topics Pain Debate—Day 1, Session 2 (208)
4:45–5 pm	BREAK WITH EXHIBITS			
5–6 pm	Medical and Behavioral Management of Patients Undergoing Opioid Cessation (209)	Emerging Rehabilitation Approaches to Phantom Limb Pain. Yes, It's All in Your Head (210)	Stem Cell Therapy for Intervertebral Disc Regeneration: An Evidence-Based Approach for Research and Clinical Application (211)	The Interventional Topics Pain Debate—Day 1, Session 3 (212) (Ends at 6:30 pm)
6–7:30 pm	AAPM 31st Annual Meeting Reception Exhibits & Poster Sessions—Group 2			

SCHEDULE AT A GLANCE

SATURDAY, MARCH 21				
6:15–6:45 am	AAPM-Provided Breakfast			
6:45–7:45 am	Satellite Symposium—Opioid-Induced Constipation: Proactive Diagnosis and Targeted Management			
8–9:30 am	The “Chronification” of Pain: Transitional Concepts and Case-Based Care (301)	Platforms for Learning Healthcare Systems: Collaborative Health Outcomes Information Registry (CHOIR) and Pain Assessment and Outcome Registry (PASTOR) (302)	American Headache Society Program (303)	The Interventional Topics Pain Debate—Day 2, Session 1 (304) <i>(Session ends at 9:35 am)</i>
9:30–10:45 am	BREAK EXHIBITS & POSTER SESSIONS—GROUP 2			
10:45–11:45 am	My Hospital Wants an Acute Pain Service...Cheap! (305)	Update on Acupuncture and Other Integrative Medicine Treatments in Pain Medicine (306)	Opioid-Induced Hyperalgesia: Menace, Myth, and Methodology (307)	The Interventional Topics Pain Debate—Day 2, Session 2 (308)
11:45 am–12:15 pm	AAPM-Provided Lunch			
12:15–1:15 pm	Satellite Symposium—Controversies Around the Use of Extended-Release Opioids for Pain Management: A Roundtable Discussion			
1:15–2:15 pm	AAPM BUSINESS MEETING AND AWARDS PRESENTATION			
2:15–2:30 pm	BREAK			
2:30–4 pm	Ketamine for Acute Post-Operative Pain, Chronic Pain, and Depression: Evidence, Protocols, and Logistics (309)	Headache: The Common, Can’t-Miss, and Interventionally Amenable (310)	The Career and Life in Clinical Pain Research (311)	The Interventional Topics Pain Debate—Day 2, Session 3 (312)
4–4:15 pm	BREAK			
4:15–5:45 pm	Optimizing Pain Treatment Outcomes Through Treating Catastrophizing and Utilization of Multidisciplinary Pain Programs (313)	Integrating Interventional Pain Medicine into Community-Based Hospice and Palliative Care (314)	Battlefield Acupuncture Training (315)	Pain Psychology 101: Understanding the Role of Psychology in Pain Medicine (316)
SUNDAY, MARCH 22				
6:45–7:15 am	Potential AAPM-Provided Breakfast			
7:15–8:15 am	Potential Satellite Symposium			
8:30–9:30 am	The Differentiation of Shoulder Versus Neck as Source of Pain in the Upper Body (401)	Clinical Pearls: Opioids (402)	Parameters of Interprofessional Pain Team Functioning (403)	
9:30–9:45 am	BREAK			
9:45–10:45 am	Knee Pain: What to Do on the Exam (Rather Than Just Ordering an MRI) When It Hurts by Itself (404)	Clinical Pearls of Pain Medicine (405)	“Flipping the Curriculum” in Pain Education (406)	
10:45–11 am	BREAK			
11 am–Noon	Opioids Prescription Declines in Primary Care Practice After Advanced Virtual Training: A 3-Year Evaluation of Project SCAN-ECHO in a Tertiary Veterans Affairs Facility (407)	Clinical Pearls: Medical Marijuana and Cannabinoids (408)	Bladder Pain Syndrome/Interstitial Cystitis: The Role of the Pain Medicine Specialist (409)	

PLENARY SESSIONS

FRIDAY, MARCH 20

8–8:45 am

Keynote Presentation—National Pain Strategy Task Force: A Strategy to Transform Pain Prevention, Care, Education, and Research (101)

The National Pain Strategy Task Force was formed to address a recommendation of a 2011 Institute of Medicine report—*Relieving Pain in America*— that “The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources.” The National Pain Strategy Task force was assembled to

- include an agenda for developing physiological, clinical, behavioral, psychological, outcomes, and health services research and appropriate links across these domains
- improve pain assessment and management programs within the service delivery and financing programs of the federal government
- proceed in cooperation with the Interagency Pain Research Coordinating Committee and the National Institutes of Health’s Pain Consortium and reach out to private-sector participants as appropriate
- involve the appropriate agencies and entities
- include ongoing efforts to enhance public awareness about the nature of chronic pain and the role of self-care in its management.

This plenary session details the recently released report and findings of the National Pain Strategy Task Force.

8:45–9:30 am



Patient-Centered Outcomes Research Institute’s (PCORI) Interests in Clinical Research on Pain Management (102)

Joe V. Selby, MD MPH

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

10:30–11:15 am



Federal Medicine Efforts to Enhance Pain Management and Incorporate Integrative Medicine into General Pain Medicine (103)

LTG (ret) Eric B. Schoomaker, MD PhD USA

This session details the diverse pain medicine treatment techniques that the federal government has utilized in treating pain through its federal medicine programs, treating wounded warriors from the time of their injury throughout their recovery back in the United States and ultimately in their home towns. As the federal government is the largest employer in the United States, the successful outcomes of these programs will illustrate their significant benefits to all pain practitioners.

11:15 am–Noon



Plenary Research Highlights (104)

Moderator

James C. Watson, MD

Faculty

TBD

Increasing both the quality and quantity of scientific pain research remains a primary goal for the 31st Annual Meeting Planning Committee. The reputation of AAPM as a premier academic and scientific research organization continues to increase with the breadth of cutting-edge scientific research abstract submissions. The Scientific Poster Abstract Committee has selected three of the highest-ranking 2015 poster submissions for presentation in this plenary venue. Additional high-ranking poster submissions will be presented in the Poster Research Highlights concurrent session on Friday afternoon.



CONCURRENT SESSIONS

FRIDAY, MARCH 20

1:45–2:45 pm

Opioid Agonist Treatment in the Care of Co-Occurring Pain and Addiction (201)

This session addresses the rationale and indications for opioid agonist therapy (OAT) of addiction, opioid discontinuation, and opioids aimed at pain in co-occurring pain and addiction, detailing the specifics of OAT, exploring the principles of effective pain management in persons with opioid addiction, as well as the use of evidence-based self-management strategies combined with OAT. In addition, it examines the phenomenology of chronic pain among patients in addiction treatment settings, exploring common mental health comorbidities and coping styles of persons with chronic pain in addiction treatment, and presenting strategies for improving recovery from both chronic pain and addiction.

Integrating Opioid Agonist Treatment into Multidimensional Care of Co-Occurring Pain and Addiction

Seddon Savage, MD MS

Opioid Agonist Treatment of Addiction: Critical Facts for Pain Treatment Providers

Ellen Edens, MD MPE

Chronic Pain Treatment in Patients on Opioid Agonist Therapy for Addiction Using Methadone or Buprenorphine

Declan Barry, PhD

1:45–2:45 pm

Poster Research Highlights (202)

The reputation of AAPM as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. In addition to the research highlights presented in the plenary venue, this scientific session provides cutting-edge research from additional award-winning scientific poster submissions.

MODERATOR

James C. Watson, MD

Faculty

TBD

1:45–2:45 pm

Contemporary Issues in Analgesic Development (203)

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

How Did We Get Here and Where Are We Going?

Charles E. Argoff, MD

The Placebo and Nocebo Responses in Analgesic Development: The Good, the Bad, and the Ugly

Daniel B. Carr, MD MA

The Way(s) Forward: Innovative Strategies for the Future of Analgesic Development

John D. Markman, MD

1:45–2:45 pm

The Interventional Topics Pain Debate—Day 1, Session 1 (204)

These highly interactive, debate-based sessions review interventional treatment recommendations, providing data from multiple sources, describing current practice, reviewing clinician views of the best-practice recommendations, and discussing clinician willingness and highlighting barriers to implementing change. These sessions also identify and explore discrepancies between current practice and the consensus recommendations, identifying practical considerations for practice implementation.



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

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

Introduction

Tim J. Lamer, MD

Epidural Steroids

Intralaminar Is the Best Method: *Kenneth D. Candido, MD*

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

Non-Particulate: *Tim J. Lamer, MD*

Particulate: *Steven P. Cohen, MD*

CT or Fluoroscopic Guidance

CT: *Timothy P. Maus, MD*

Fluoroscopy: *Kenneth D. Candido, MD*

Radiofrequency Ablation

Cooled: *Leonardo Kapural, MD PhD*

Conventional: *Michael S. Leong, MD*

Pulsed: *Leonardo Kapural, MD PhD*

Conventional: *Nagy A. Mekhail, MD PhD*

EXPANDED MEMBERSHIP CATEGORIES



AAPM is pleased to announce changes to its Affiliate and Student membership categories.

See page 22 for more details.

Join and register today, and become part of the premier organization for pain medicine.

CONCURRENT SESSIONS

FRIDAY, MARCH 20 (continued)

3:45–4:45 pm

Opioid Drugs: Interaction Pitfalls (205)

This multidisciplinary clinical session highlights critical drug-to-drug interactions for medicines that are either prescribed to treat chronic pain (e.g., opioids, SNRIs) or that are commonly prescribed for patients who have chronic pain (e.g., SSRIs, hypnotics, benzodiazepines, atypical antidepressants, antifungals), detailing which combinations of medications either enhance or reduce the strength of opioids. It also explains how to minimize patient risks by using best practices for prescribing and monitoring for adverse effects. Case vignettes illustrate potential drug interaction impacts on physiological, psychological, and behavioral symptoms, interweaving data regarding prescribing trends and pharmacology with case examples of patients who presented with drug interactions that masqueraded as other problems.

Trends in Benzodiazepine and Opioid Coprescription in Primary Care Clinics in the United States, 1997–2010

Ming-Chih Kao, MD PhD

Commonly Prescribed Medications That Interact with Opioids

Elinore F. McCance-Katz, MD PhD

Clinical Vignettes of Opioid Drug-Drug Interactions

Beth D. Darnall, PhD

3:45–4:45 pm

Neuropathic Pain: Pain Mechanisms, Pharmacotherapy, and Interventional Treatment (206)

This session discusses peripheral and central pain mechanisms, as well as evidence-based use of current pharmacotherapeutic agents that target some of the underlying pain mechanisms. In addition, it reviews the evidence-based use of interventional techniques such as neural blockade, neuromodulation with spinal cord stimulation, and intrathecal analgesia and also provides guidelines for the use of these treatment modalities.

Pain Mechanisms and Pharmacotherapy

May L. Chin, MD

Interventional Techniques for Neuropathic Pain

Srinivasa N. Raja, MD

3:45–4:45 pm

The Relationship Between Industry and Pain Societies: Demystification and Legitimization (207)

In this period of intense scrutiny of professional pain societies in regard to their relationships with industry, AAPM and other organizations have been criticized for their conflicts of interest—both actual and perceived. The media have been particularly critical of pain societies and their leaderships, suggesting that the strength of the frequent financial ties between industry and pain societies has a deleterious impact on the manner in which their memberships practice. AAPM and its Ethics Council are in the process of taking proactive measures to minimize such conflicts, as well as its membership's and society's perception of such conflicts, enhancing AAPM's confidence in the validity of educational programming and its application to professional practices.

History and Overview of the Industry–Pain Society Relationship

Michael Schatman, PhD

The Industry–Pain Society Relationship: Industry's Perspective

Marsha Stanton, PhD RN

Moving Toward a Healthier Future: AAPM's Ethics Council's Approach to Potential Conflict of Interest

Steven P. Stanos Jr., DO

3:45–4:45 pm

The Interventional Topics Pain Debate—Day 1, Session 2 (208)

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

Insurance Coverage: Radiofrequency of Facets

Pro: *Richard G. Bowman II, MD*

Con: *Kenneth D. Candido, MD*

MRI Imaging Before Spinal Injections

Pro: *Timothy P. Maus, MD*

Con: *Steven P. Cohen, MD*

Do We Need Ultrasound for Peripheral Joint and Soft Tissues?

Pro: *Stephen J. Wisniewski, MD*

Con: *Jason E. Pope, MD*

Stem Cells for Discogenic Pain: Are They Ready for Prime Time?

Pro: *Timothy T. Davis, MD*

Con: *Timothy R. Deer, MD*



CONCURRENT SESSIONS

5–6 pm

Medical and Behavioral Management of Patients Undergoing Opioid Cessation (209)

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

Medical Management of Opioid Cessation

W. Michael Hooten, MD

Management of Acute Behavioral Problems During Opioid Cessation

Jennifer L. Murphy, PhD

Management of Behavioral Problems Following Successful Opioid Cessation

Anthony J. Mariano, PhD

5–6 pm

Emerging Rehabilitation Approaches to Phantom Limb Pain. Yes, It's All in Your Head (210)

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

Review of Recent Literature and Introduction of a Graded Motor Imagery Program and Mirror Therapy

Steven P. Stanos Jr., DO

Occupational Therapists' Approach to Using Graded Motor Imagery and Mirror Therapy

Elizabeth Gaffron, MOTR/L LMT

Functional Imagery of Brain Activity Before and After Mirror Therapy

Jack Tsao, MD DPhil CAPT MC USN

5–6 pm

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

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

The State of Evidence-Based Stem Cell Therapy for IVD Regeneration

Wenchun Qu, MD PhD

Highlights in Advances of the European Research Consortium for IVD Regeneration

Yang Liu, PhD

Technology, Regulations, and Clinical Application for Stem Cell Therapy for Degenerative Disc Disease

Joseph Purita, MD

5–6:30 pm

The Interventional Topics Pain Debate—Day 1, Session 3 (212)

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

Value of Lumbar Discography: Valuable?

Pro: *Nagy A. Mekhail, MD PhD*

Con: *Timothy T. Davis, MD*

Cervical Discography: Valuable?

Pro: *Nagy A. Mekhail, MD PhD*

Con: *David A. Provenzano, MD*

Is There Value in Kyphoplasty and Vertebroplasty?

Pro: *Ramsin M. Benyamin, MD*

Con: *Michael S. Leong, MD*

Anticoagulation, Spinal Injections, and Implants: The High-Risk Patient

The Device Is Not Worth the Risk of Stroke or Heart Attack: *Samer Narouze, MD PhD*

We Can Manage This Issue: *David A. Provenzano, MD*

NACC: Is There a Need for Guidelines?

Pro: *Michael S. Leong, MD*

Con: *Jason E. Pope, MD*

Platelet Rich Plasma (PRP) for Pain Treatment

Pro: *Timothy R. Deer, MD*

Con: *Tim J. Lamer, MD*



CONCURRENT SESSIONS

SATURDAY, MARCH 21

8–9:30 am

The “Chronification” of Pain: Transitional Concepts and Case-Based Care (301)

This case-based session explores the global view of the “chronification” of acute pain, an essential and growing topic along the spectrum of pain care, from a genetic/epigenetic view as well as a population-based burden, focusing on the continued need to bridge this transition with comprehensive pain care. This session delineates basic science and clinical risk factors for treatment. It highlights general clinical and systems-based strategies and ultimately offers an organized map of how to approach challenging pain populations. In focusing on the basic physiology of pain and how it translates to specific nociceptive targets, it also emphasizes the impact of opioid mismanagement in the acute and subacute settings.

The “Chronification” of Pain

Daniel B. Carr, MD MA

Novel Nociceptive Targets Within the Transition from Acute to Chronic Pain

Marc A. Huntoon, MD

Case-Based Management of Acute Pain in Patients with Chronic Pain

Michael L. Kent, MD LCDR MC USN; Patrick J. Tighe, MD MS

8–9:30 am

Platforms for Learning Healthcare Systems: Collaborative Health Outcomes Information Registry (CHOIR) and Pain Assessment and Outcome Registry (PASTOR) (302)

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

Patient Registry as Platforms for Learning Healthcare Systems

Chester “Trip” Buckenmaier III, MD

Collaborative Health Outcomes Information Registry (CHOIR): Status and Update

Sean Mackey, MD PhD

Pain Assessment and Outcome Registry (PASTOR): Status and Update

Karon F. Cook, PhD

Applications of Patient Registries in Clinical Practice and Research

Ming-Chih Kao, MD PhD

8–9:30 am

American Headache Society Program (303)

The American Headache Society will present a series of talks that will focus on migraine and cluster headaches. The Society will highlight developments in understanding of the conditions from bench-to bedside and showcase the very exciting changes in therapy that are being explored for these highly disabling disorders.

Faculty

TBD

8–9:35 am

The Interventional Topics Pain Debate—Day 2, Session 1 (304)

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

Interventional Pain Techniques in Workers’ Compensation Patients

Pro: Kenneth D. Candido, MD

Con: Nagy A. Mekhail, MD PhD

Interventional Pain Medicine as a Field: Is There a Future?

Pro: Peter S. Staats, MD

Con: Tim J. Lamer, MD

Occipital Nerve Stimulation for Fibromyalgia

Pro: Samer Narouze, MD PhD

Con: Jason E. Pope, MD

P-STIM for Fibromyalgia

Pro: Richard G. Bowman II, MD

Con: Tim J. Lamer, MD

Occipital Nerve Stimulation for Migraine

Pro: Samer Narouze, MD PhD

Con: Nagy A. Mekhail, MD PhD

Ultrasound Guidance for the Spine

Pro: Mayank Gupta, MD

Con: Jason E. Pope, MD

10:45–11:45 am

My Hospital Wants an Acute Pain Service...Cheap! (305)

This session reviews administrative challenges related to both the demands for successful outcomes and quality patient care, as well as the costs related to reimbursement, resources, and improvement, across both large tertiary-care facilities and smaller community hospitals. This session provides attendees with a better understanding of their hospital administrators’ objectives in developing an acute pain program and fiscally viable options to match the desired level of service. Finally, the session focuses on the pain assessment and pain therapy domains, providing the rapid rate of publications on multimodal analgesia and particularly addressing long-acting formulations and their application to acute pain patients.

MODERATOR

Patrick J. Tighe, MD MS

How Does My Hospital Pay for an Acute Pain Service? Matching Resources to Services

Kayser Enneking, MD

Why Should My Hospital Pay for an Acute Pain Service? New, Evidence-Based Answers for 2015!

Edward R. Mariano, MD MAS

10:45–11:45 am

Update on Acupuncture and Other Integrative Medicine Treatments in Pain Medicine (306)

Despite new pain medications and advancement in interventional and surgical procedures for chronic pain management, various modalities of complementary and alternative medicine, particularly acupuncture, have become increasingly used in acute and chronic pain management. This session provides an update on the effectiveness of acupuncture treatment in pain medicine and reviews the limitations of current assessment tools for acupuncture therapy. In proposing a new set of integrative assessment tools useful to the clinician in evaluating the effectiveness of acupuncture therapy in pain management, the session includes clinical data, psychophysical evaluation, and biomarker assays.

CONCURRENT SESSIONS

[Acupuncture Therapy in Pain Medicine: Effectiveness and Assessment](#)
Lucy Chen, MD

[Innovative Assessment Tools for Acupuncture Therapy in Pain Medicine](#)
Jianren Mao, MD PhD

10:45–11:45 am

Opioid-Induced Hyperalgesia: Menace, Myth, and Methodology (307)

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

[Opioid-Induced Hyperalgesia: Menace, Myth, and Methodology](#)
R. Norman Harden, MD

10:45–11:45 am

The Interventional Topics Pain Debate—Day 2, Session 2 (308)

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

[Burst Stimulation or Tonic?](#)

Burst: Timothy R. Deer, MD

Tonic: Thomas L. Yearwood, MD PhD

[High Frequency or Tonic?](#)

High Frequency: Leonardo Kapural, MD PhD

Tonic: Michael S. Leong, MD

[Dorsal Root Ganglion or Dorsal Columns?](#)

Dorsal Root Ganglion: Timothy R. Deer, MD

Dorsal Columns: Tim J. Lamer, MD

[Peripheral Field Stimulation or Spinal Cord Stimulation for Low Back Pain?](#)

Peripheral Field Stimulation: Jason E. Pope, MD

Spinal Cord Stimulation: Thomas L. Yearwood, MD PhD

2:30–4 pm

Ketamine for Acute Post-Operative Pain, Chronic Pain, and Depression: Evidence, Protocols, and Logistics (309)

This session explores the indications for ketamine in two distinct settings: postoperatively for acute postsurgical pain and for patients with chronic pain and depression. It discusses the logistics and some examples of protocols for delivering ketamine as a postoperative adjunct for pain control. In addition, the session reviews clinical trials of ketamine for acute, postoperative pain; chronic pain; and depression.

MODERATOR

Steven Porter, MD

[Hospital-Wide Perioperative Ketamine](#)

Eugene R. Viscusi, MD

[Ketamine for Acute Perioperative Pain Control: A Review of the Evidence](#)

Roy Greengrass, MD

[Ketamine for Chronic Pain and Depression: A Review of the Evidence](#)

Stephen D. Coleman, MD

2:30–4 pm

Headache: The Common, Can't-Miss, and Interventionally Amenable (310)

This clinical session discusses the classification and diagnosis of headache syndromes with an emphasis on common headaches (migraine, tension type, and chronic daily headache) and provides an update on evidence-based treatments. It explores more serious and sinister causes of headache that often are overlooked due to common presentation and unremarkable basic head imaging. It also discusses history and exam, specialized head imaging diagnosis, and appropriate ancillary testing and referral. Focusing on interventionally amenable headaches, this session reviews appropriate use of onabotulinumtoxinA injections and other interventional and neuromodulatory techniques for treating intractable headaches.

[Can't-Miss Headache Syndromes](#)

James C. Watson, MD

[Interventionally Amenable Headache](#)

Samer Narouze, MD PhD

[Common Headache Syndromes](#)

Zahid H. Bajwa, MD

2:30–4 pm

The Career and Life in Clinical Pain Research (311)

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

[National Institutes of Health \(NIH\) Pain Research](#)

Yu "Woody" Lin, MD PhD

[The Career of a Clinician Scientist in Pain Research](#)

Sean Mackey, MD PhD

[The Transition from Mentored Research to Independence](#)

Mimi Ghim, PhD

[To Succeed at the Early Stage of Clinician Scientist](#)

Jennifer M. Hah, MD MS

[NIH Fellowship Awards](#)

Beth Babecki, MA

[NIH Loan Repayment Program](#)

Ericka Boone, PhD

[The NIH Peer-Review and Referral Processes](#)

Lee S. Mann, PhD

CONCURRENT SESSIONS

SATURDAY, MARCH 21 (continued)

2:30–4 pm

The Interventional Topics Pain Debate—Day 2, Session 3 (312)

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

Intrathecal Therapies for Noncancer Pain

Intrathecal Therapies: *Jason E. Pope, MD*
Oral Opioids: *Mayank Gupta, MD*

Patient Vignette: Complex Patient with Two Back Surgeries, Weight Gain, Diabetic Neuropathy, and Impaired Mobility

Pain Rehab: *W. Michael Hooten, MD*
Spinal Cord Stimulation: *Kenneth D. Candido, MD*
Intrathecal Therapy: *Timothy R. Deer, MD*

Improving Outcomes of Neuropathic Pain

Jianguo Cheng, MD PhD

4:15–5:45 pm

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

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

MODERATOR

Martin Grabois, MD

Introduction

Beth D. Darnall, PhD

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

Robert R. Edwards, PhD

Stop Pain Catastrophizing from Undermining Your Patient Outcomes

Beth D. Darnall, PhD

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

Rollin M. Gallagher, MD MPH

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

Steven P. Stanos Jr., DO

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

James S. Flowers, PhD LPC-S

4:15–5:45 pm

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

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

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

Perry G. Fine, MD

Envisioning and Building a Sustainable Enterprise

Malene Davis, MSN

Outcomes of the Interventional Pain Medicine Practice

Michael Byas-Smith, MD

4:15–5:45 pm

Battlefield Acupuncture Training (315)

Battlefield acupuncture (BFA), a unique auricular acupuncture technique, was developed to rapidly reduce pain in minutes. The technique is being taught throughout the Department of Defense and Veterans Health Administration as a nonpharmacological pain management technique with uses in a variety of clinical settings. BFA also is being used as the initial introduction of many clinicians to the benefits of acupuncture in federal medicine practice. This session explores the history of acupuncture, evidence basis of BFA, clinical trials, patient selection, contraindications, needle techniques, sequencing points, dominant ear considerations, and aftercare patient instructions. In addition, it provides attendees with training and hands-on experience performing BFA techniques on fellow participants.

A Practical Training Approach to Battlefield Acupuncture

Chester "Trip" Buckenmaier III, MD

Hands-On Assistants

Chester "Trip" Buckenmaier III, MD; Laura L. McGhee, PhD; additional faculty TBD

4:15–5:45 pm

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

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

Fundamentals of Pain Psychology

Ravi Prasad, PhD

Psychological Interventions in Pain Medicine

Heather Pouppore-King, PhD

CONCURRENT SESSIONS

SUNDAY, MARCH 22

8:30–9:30 am

The Differentiation of Shoulder Versus Neck as a Source of Pain in the Upper Body (401)

This clinical session reviews history, physical exam, treatment attempts, and diagnostic procedures for the neck and shoulder to help clinicians determine the correct source of upper-quadrant pain. Clinicians attending this session will improve their ability to differentiate the primary pathology of upper-quadrant pain as primary shoulder pathology or cervical spine pathology, allowing them to provide more specific and directed care to the most appropriate area.

[Structural and Functional Examination of the Cervical and Thoracic Spine](#)

James W. Atchison, DO

[Functional Examination of the Shoulder and Correlation with Treatment and Injection Options](#)

D. J. Kennedy, MD

8:30–9:30 am

Clinical Pearls: Opioids (402)

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

MODERATOR

Lynn R. Webster, MD

[Buprenorphine for Chronic Pain: Utility and Common Misconceptions](#)

Andrea Rubinstein, MD

[Treating with Opioids: Risk Management Strategies for Prescribers](#)

Richard L. Stieg, MD

[The Role of Buprenorphine in Office-Based Treatment of Opioid Addiction in People with Chronic Pain](#)

Alkesh N. Patel, MD

8:30–9:30 am

Parameters of Interprofessional Pain Team Functioning (403)

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

[Measuring Interprofessional Pain Team Functioning](#)

Ylisabth Bradshaw, DO; Sharan L. Schwartzberg, EdD OTR; Sara Y. Tian, BS OTS

9:45–10:45 am

Knee Pain: What to Do on the Exam (Rather Than Just Ordering an MRI) When It Hurts by Itself (404)

In diagnosing to prescribe effective treatment, it is first necessary to determine whether the knee problem is primarily at the individual joint level or part of a larger issue related to neuropathic sensitization patterns that affect more than the localized findings. This session reviews the epidemiology of knee pain and emphasizes the most common abnormalities that present to physicians for treatment. It also describes many benign conditions that should be identified through physical examination in order to be treated with the correct physical therapy programs. Finally, the session details how the examination should help rule out more severe abnormalities and/or can be used to correlate with MRI scan findings that may contain multiple abnormalities with the aging knee.

[The Most Common Complaints of Knee Pain That Present in the Office](#)

James W. Atchison, DO

[Essential Physical Examination of the Knee: Determining Internal Versus External Musculoskeletal Problems](#)

D. J. Kennedy, MD

[Sensory Examination of a Patient with Knee Pain: Determining Possible Peripheral Versus Central Sensitization](#)

R. Norman Harden, MD

9:45–10:45 am

Clinical Pearls of Pain Medicine (405)

If you are looking for a fast-paced, targeted, interactive approach to emerging topics in pain medicine, look no further. This “Clinical Pearls” session is the quickest and most efficient way to cover key concepts on multiple emerging topics within pain medicine, exploring three promising important treatment topics of particular interest to pain clinicians.

[Psychiatric Aspects in Performing Pain Procedures](#)

Ajay D. Wasan, MD MSc

[Novel CT-Guided Blocks to Treat Orofacial Neuralgias](#)

Xiang Qian, MD PhD

[Poststroke Pain Syndromes: Upper-Extremity and Central Pain](#)

Martin Grabis, MD

EXPANDED MEMBERSHIP CATEGORIES



AAPM is pleased to announce changes to its Affiliate and Student membership categories.

See page 22 for more details.

Join and register today, and become part of the premier organization for pain medicine.

SUNDAY, MARCH 22 (continued)

9:45–10:45 am

“Flipping the Curriculum” in Pain Education (406)

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

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

“Flipping the Curriculum” in Pain Education

David J. Tauben, MD

Flipping the Pain Curriculum

Ellen Cosgrove, MD; Beth B. Murinson, MD

11 am–Noon

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

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

A 3-Year Retrospective Review of Opioids Prescription in Primary Care Subsequent to Project SCAN-ECHO

Ali S. Mchaourab, MD

How We Reduced Opioid Use Through Knowledge Acquisition: A Primary Care Perspective

Robert Angelo, MD

Introducing Behavioral Medicine Strategies to Primary Care Providers in the SCAN-ECHO Project

Cynthia P. Van Keuren, PsyD

11 am–Noon

Clinical Pearls: Medical Marijuana and Cannabinoids (408)

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

Basic Science of Medical Cannabinoids: Understanding the Building Blocks

E. Alfonso Romero-Sandoval, MD PhD

Medical Cannabis: Is It Safe and Effective in Its Current Form?

Binit J. Shah, MD

Cannabidiol: The Most Relevant Cannabinoid in Pain Medicine

Michael Schatman, PhD

11 am–Noon

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

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

The Role of the Pain Medicine Specialist in the Diagnosis and Treatment of Bladder Pain Syndrome/Interstitial Cystitis

Jennifer M. Hah, MD MS

The Evolution of Bladder Pain Syndrome/Interstitial Cystitis: Epidemiology, Risk Factors, and Etiology

Daniel J. Clauw, MD

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Rockville, MD



Daniel B. Carr, MD MA
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Program Director, Pain, Research Education
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Interventional Pain Management
Center for Pain Relief, Inc.
Charleston, WV

Diane M. Flynn, MD COL (Ret) MC USA
Primary Care Pain Champion
Madigan Army Medical Center
DuPont, WA

Vitaly Gordin, MD
Chair, Educational Programs Committee
Associate Professor of Anesthesiology
Penn State University
Director for Pain Division
Penn State Hershey Medical Center
Hershey, PA

Martin Grabojs, MD
Professor
Department of Physical Medicine and Rehabilitation
Baylor College of Medicine
Houston, TX

W. Michael Hooten, MD
Immediate Past Co-Chair
Assistant Professor, Anesthesiology
Mayo Clinic College of Medicine
Department of Anesthesiology, Division of Pain Medicine
Mayo Clinic
Rochester, MN

Leonardo Kapural, MD PhD
Director
Pain Medicine Center, Wake Forest University School of
Medicine
Wake Forest Baptist Medical Center and Carolinas Pain
Institute
Winston-Salem, NC

Michael L. Kent, MD LCDR MC USN
Staff Anesthesiologist/Regional Anesthesia
Acute Pain Medicine Navy Physician
Walter Reed National Military Medical Center
Bethesda, MD

Jeffrey Leggit, MD COL MC USA
USU Consortium for Health and Military Performance
(CHAMP) Medical Director
Assistant Professor
Uniformed Services University of the Health Sciences
Bethesda, MD

Bill H. McCarberg, MD—AAFP Rep.
Founder, Chronic Pain Management Program
Adjunct Assistant Clinical Professor
University of California–San Diego
Neighborhood Healthcare
San Diego, CA

Michele Meddings, PA-C
Interdisciplinary Pain Management Center
Dwight D. Eisenhower Army Medical Center
Ft. Gordon, GA

Samer Narouze, MD PhD
Interventional Pain Committee
Clinical Professor, Anesthesiology and Pain
Medicine, OUCOM
Clinical Professor, Neurological Surgery, OSU
Associate Professor, Surgery, NEOMED
Chairman, Center for Pain Medicine
Summa Western Reserve Hospital
Cuyahoga Falls, OH

Ravi Prasad, PhD
Clinical Associate Professor
Assistant Chief, Division of Pain Medicine
Department of Anesthesiology, Perioperative & Pain
Medicine
Stanford University Medical Center
Redwood City, CA

John E. Schmidt, PhD
Assistant Professor, Department of Medicine
Psychologist
Department of Biobehavioral Medicine in Oncology
Hillman Cancer Center
University of Pittsburgh Medical Center
Pittsburgh, PA

Dana L. Simon, MD
Chair, CME Oversight Committee
Medical Center Anesthesiologists PC
Des Moines, IA

Steven P. Stanos Jr., DO
Medical Director, Occupational Medical
Swedish Spine, Sports, and Musculoskeletal Medicine
Seattle, WA

Jeffrey M. Tiede, MD LTC MC USA
Chief, Pain Management
Dwight D. Eisenhower Army Medical Center
Fort Gordon, GA

Patrick J. Tighe, MD MS
Assistant Professor, Anesthesiology
University of Florida–Gainesville
Gainesville, FL

Ajay D. Wasan, MD MSc
Professor, Anesthesiology and Psychiatry
University of Pittsburgh Medical School
Vice Chair, Pain Medicine, Department of Anesthesiology
University of Pittsburgh Medical Center
Pittsburgh, PA



Committee member disclosures can be viewed on the AAPM website at
www.painmed.org/annualmeeting/2015-program-committee

AAPM FACULTY

Farshad M. Ahadian, MD

Medical Director, Center for Pain Medicine
University of California–San Diego

Kasra Amirdelfan, MD

Managing Director, Interventional Pain Medicine
IPM Medical Group, Inc.

Robert Angelo, MD

Clinical Manager, COPS
Louis Stokes Cleveland VA Medical Center

Charles E. Argoff, MD

Director, Comprehensive Pain Center
Albany Medical College

James W. Atchison, DO

Medical Director, Center for Pain Management
Physical Medicine and Rehabilitation
Rehabilitation Institute of Chicago

Beth G. Babecki, MA

Training Coordinator, Division of Basic Neuroscience and
Behavioral Research
National Institute on Drug Abuse

Zahid H. Bajwa, MD

Director, Boston Headache Institute
Boston PainCare

Declan Barry, PhD

Assistant Professor, Psychiatry
Yale University School of Medicine

Ramsin M. Benyamin, MD

President, American Society of Interventional Pain
Physicians
Millennium Pain Center

Ericka Boone, PhD

Health Science Administrator
Office of Science Policy and Communication
National Institute on Drug Abuse

Richard G. Bowman II, MD

Interventional Pain Medicine
Center for Pain Relief, Inc.

Ylisabth Bradshaw, DO

Academic Director, Pain Research Education & Policy
Program
Tufts University School of Medicine

Chester “Trip” Buckenmaier III, MD

Associate Professor, Anesthesiology
Uniformed Services University of the Health Services

Allen W. Burton, MD

Partner
Houston Pain Associates

Michael Byas-Smith, MD

Palliative Care
Capital Caring

Kenneth D. Candido, MD

Chairman, Department of Anesthesiology and Pain
Management
Advocate Illinois Masonic Medical Center

Daniel B. Carr, MD MA

Professor, Public Health and Community Medicine
Tufts University School of Medicine

Lucy Chen, MD

Department of Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital

Jianguo Cheng, MD PhD

Professor and Program Director
Pain Management and Neurosciences
Cleveland Clinic Foundation

May L. Chin, MD

Co-Director
George Washington University Pain Center

Daniel J. Clauw, MD

Director, Chronic Pain & Fatigue Research Center
University of Michigan Health System

Steven P. Cohen, MD

Director of Medical Education and Quality Improvement,
Pain Management Division
Johns Hopkins Hospital

Stephen D. Coleman, MD

Clinical Assistant Professor, Anesthesiology, Perioperative
and Pain Medicine
Stanford University

Karon F. Cook, PhD

Research Associate Professor, Medical Social Sciences
Northwestern University Feinberg School of Medicine

Ellen Cosgrove, MD

Professor, Medicine
University of Washington School of Medicine

Beth D. Darnall, PhD

Clinical Associate Professor, Anesthesiology, Perioperative
and Pain Medicine
Stanford University

Malene Davis, MSN

President & CEO
Capital Hospice

Timothy T. Davis, MD

Medical Director
Orthopedic Pain Specialists

Timothy R. Deer, MD

President & CEO
Center For Pain Relief, Inc.

Ellen Edens, MD MPE

Co-Director, VA Connecticut Opioid Reassessment Clinic
VA Connecticut Healthcare System

Robert R. Edwards, PhD

Associate Professor, Anesthesiology
Brigham and Women’s Hospital

Kayser Enneking, MD

Professor of Anesthesiology
University of Florida–Gainesville

Perry G. Fine, MD

Professor, Anesthesiology
University of Utah

James S. Flowers, PhD LPC-S

Clinical Director, Pain Management
Memorial Hermann Prevention and Recovery Center

Elizabeth Gaffron, MOTR/L LMT

Occupational Therapist, Allied Health
Rehabilitation Institute of Chicago Center for Pain
Management

Rollin M. Gallagher, MD MPH

Clinical Professor, Psychiatry and Anesthesiology
Philadelphia VA Medical Center

Mimi Ghim, PhD

Deputy Coordinator, Research Training
Office of Science Policy and Communications
National Institute on Drug Abuse

Martin Grabois, MD

Professor, Physical Medicine and Rehabilitation
Baylor College of Medicine

Roy Greengrass, MD

Professor, Anesthesiology, Regional Anesthesia
Mayo Clinic

Mayank Gupta, MD

Pain Physician
Anesthesiology Professionals, P.A.

Jennifer M. Hah, MD MS

Instructor, Anesthesiology, Perioperative, and Pain
Medicine
Stanford University

R. Norman Harden, MD

Director, Center for Pain Studies
Rehabilitation Institute of Chicago

W. Michael Hooten, MD

Professor, Anesthesiology
Division of Pain Medicine
Mayo Clinic

Marc A. Huntoon, MD

Chief, Division of Pain Medicine
Vanderbilt University

Mark Friedrich Hurdle, MD

Consultant, Physical Medicine and Rehabilitation, Pain
Clinic
Mayo Clinic

Ming-Chih Kao, MD PhD

Clinical Assistant Professor, Anesthesiology
Stanford University

Leonardo Kapural, MD PhD

Clinical Director, Wake Forest University Health Sciences
Chronic Pain Center
Carolinas Pain Institute and Center for Clinical Research

D. J. Kennedy, MD

Associate Professor, Orthopedics
Stanford University

Michael L. Kent, MD LCDR MC USN

Staff Anesthesiologist
Walter Reed National Military Medical Center

Tim J. Lamer, MD

Associate Professor, Anesthesiology, Pain Medicine
Division and Multidisciplinary Spine Center
Mayo Clinic

Michael S. Leong, MD

Clinic Chief
Stanford Pain Management Center

Robert M. Levy, MD PhD

Institute Director, Marcus Neuroscience Institute
Chairman, Department of Neurosurgery
Boca Raton Regional Hospital

Yu “Woody” Lin, MD PhD

NIH Program Director
Division of Clinical Neuroscience and Behavior Research
National Institute on Drug Abuse

Yang Liu, PhD

Senior Lecturer, Wolfson School of Mechanical and
Manufacturing Engineering
Loughborough University, Great Britain

AAPM FACULTY

Sean Mackey, MD PhD

Redlich Professor of Pain Medicine
Departments of Anesthesiology, Perioperative and Pain
Medicine; Neurosciences; Neurology (by courtesy)
Chief, Division of Pain Medicine
Director, Stanford Systems Neuroscience and Pain Lab
(SNAPL)
Stanford University School of Medicine

Gagan Mahajan, MD

Professor, Anesthesiology & Pain Medicine
University of California–Davis

Lee S. Mann, PhD

Scientific Review Officer, Center for Scientific Review
National Institutes of Health

Jianren Mao, MD PhD

Richard J. Kitz Professor
Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital Center for Pain Medicine

Anthony J. Mariano, PhD

Clinical Psychologist, Anesthesiology
VA Puget Sound Health Care System

Edward R. Mariano, MD MAS

Associate Professor, Anesthesiology, Perioperative & Pain
Medicine
Stanford University/VA Palo Alto

John D. Markman, MD

Director, Translational Pain Research, Departments of
Neurosurgery and Neurology
University of Rochester

Timothy P. Maus, MD

Associate Professor, Radiology
Mayo Clinic

Elinore F. McCance-Katz, MD PhD

Chief Medical Officer
Substance Abuse and Mental Health Services
Administration (SAMHSA)

Laura L. McGhee, PhD

Scientific Director
Defense and Veterans Center for Integrative Pain
Management
U.S. Army

Ali S. Mchaourab, MD

Chief of Pain Medicine
Louis Stokes Cleveland VA Medical Center

William P. McRoberts, MD

Medical Director, Interventional Spine and Pain Medicine
Holy Cross Hospital

Nagy A. Mekhail, MD PhD

Director of Evidence-Based Pain Medicine Research and
Education
Cleveland Clinic

Beth B. Murinson, MD

Associate Professor, Neurology
Johns Hopkins School of Medicine

Jennifer L. Murphy, PhD

Clinical Director, Chronic Pain Rehabilitation Program
James A. Haley VA Medical Center

Samer Narouze, MD PhD

Chairman, Center for Pain Medicine
Western Reserve Hospital

Alkesh N. Patel, MD

Associate Medical Director, Supportive Recovery Services
Department of Psychiatry
Icahn School of Medicine at Mount Sinai

Matthew J. Pingree, MD

Assistant Professor, Department of Physical Medicine and
Rehabilitation
Mayo Clinic

Jason E. Pope, MD

Medical Director, Teays Valley Center for Pain Relief
Center for Pain Relief, Inc.

Steven Porter, MD

Assistant Professor of Anesthesiology
Mayo Clinic

Heather Poupore-King, PhD

Pain Psychologist, Anesthesiology
Stanford University Medical Center

Ravi Prasad, PhD

Clinical Associate Professor, Anesthesia
Stanford Pain Management Center

David A. Provenzano, MD

President
Pain Diagnostics and Interventional Care

Joseph Purita, MD

Medical Director
The Institute of Regenerative and Molecular Orthopaedics
(IRMO)

Xiang Qian, MD PhD

Clinical Assistant Professor, Pain Management Center
Stanford University

Wenchun Qu, MD PhD

Senior Associate Consultant, Departments of PM&R and
Pain Medicine
Mayo Clinic

Srinivasa N. Raja, MD

Professor, Anesthesiology and Critical Care Medicine
Johns Hopkins Hospital

E. Alfonso Romero-Sandoval, MD PhD

Associate Professor & Director of Research—
Pharmaceutical and Administrative Sciences
Presbyterian College School of Pharmacy

Andrea Rubinstein, MD

Chief, Department of Chronic Pain
Kaiser Permanente

Seddon Savage, MD MS

Medical Director, Chronic Pain & Recovery Center, Silver
Hill Hospital
Geisel School of Medicine at Dartmouth

Michael Schatman, PhD

Executive Director
Foundation for Ethics in Pain Care

LTG (ret) Eric B. Schoomaker, MD PhD USA

Scholar-in-Residence
Distinguished Professor of Military & Emergency Medicine
Uniformed Services University of the Health Sciences

Sharan L. Schwartzberg, EdD OTR

Professor, Occupational Therapy
Tufts University

Joe V. Selby, MD MPH

Executive Director
Patient-Centered Outcomes Research Institute (PCORI)

Binit J. Shah, MD

Psychiatrist
Mana Medical, Inc.

Konstantin V. Slavin, MD

Professor, Neurosurgery
University of Illinois at Chicago Medical Center

Peter S. Staats, MD

Physician, Anesthesiology & Pain Medicine
Premier Pain Centers

Steven P. Stanos Jr., DO

Medical Director, Occupational Medical Services
Swedish Spine Sports and Musculoskeletal Medicine

Marsha Stanton, PhD RN

Executive Director, Medical Affairs, Program Development
Zogenix, Inc.

Richard L. Stieg, MD

Neurologist
Private Practice, Aurora, CO
Swedish Medical Center
Denver, CO

David J. Tauben, MD

Chief, Division of Pain Medicine
University of Washington

Sara Y. Tian, BS OTS

Occupational Therapist
Tufts University

Patrick J. Tighe, MD MS

Assistant Professor, Anesthesiology
University of Florida–Gainesville

Jack Tsao, MD DPhil CAPT MC USN

Professor of Neurology and Physical Medicine and
Rehabilitation
Uniformed Services University of the Health Sciences

Cynthia P. Van Keuren, PsyD

Psychologist, Pain Management
Louis Stokes VA Medical Center

Eugene R. Viscusi, MD

Director, Acute Pain Management
Thomas Jefferson University Hospital

Ajay D. Wasan, MD MSc

Vice Chair, Pain Medicine
University of Pittsburgh Medical Center

James C. Watson, MD

Consultant, Departments of Neurology and
Anesthesiology
Mayo Clinic

Lynn R. Webster, MD

Vice President, Scientific Affairs
PRA International

Steven J. Wisniewski, MD

Assistant Professor, Physical Medicine and Rehabilitation
Mayo Clinic

Thomas L. Yearwood, MD PhD

Medical Director, Pain Consultants ASC
Comprehensive Pain & Rehabilitation



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

AAPM RESOURCE CENTER

AAPM is leading a breakthrough change to the traditional exhibit hall and transforming it into the AAPM Resource Center, which complements the educational sessions presented during the Annual Meeting. Improve your pain practice and try new medical equipment and products from more than 100 solution providers.

REASONS TO VISIT THE AAPM RESOURCE CENTER

- Compare relevant products and services in one convenient place.
- Stay current with new and advanced technology.
- Gain firsthand knowledge of how devices work and how they will benefit you, your patient, and your practice.
- Network with peers and colleagues in a dynamic and synergistic atmosphere.
- Meet 100-plus exhibitors representing
 - Alternative Delivery Systems
 - Billing Services
 - Business Management
 - Clinical Research
 - Compounding Pharmacies
 - Diagnostic/Imaging
 - Education
 - Electronic Health Records
 - Laboratory Equipment & Instruments
 - Laboratory Testing
 - Medical Equipment/Supplies
 - Medical Publishing/Journals
 - Organizations
 - Pain Management
 - Pharmaceutical
 - Prescription Dispensing
 - Recruitment
 - Software

CHECK OUT THESE SPECIAL AREAS IN THE RESOURCE CENTER:

Scientific Posters

More than 120 posters will be on display. Refer to onsite materials for the schedule to meet with the poster presenters. Posters will be categorized by the following topics:

- Basic Science
- Epidemiology/Health Policy/Education
- Pharmacological
- Procedures
- Psychosocial
- Rehabilitation
- Translational

Corporate Showcases

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

Essential Tools for Treating the Patient in Pain™ Modules

View the various modules located by the Corporate Showcases. Please refer to the onsite schedule for titles and times.

Networking

Join us to network with your colleagues and discuss research, diagnosis, treatment, and management of acute, chronic, cancer, recurrent, and noncancer pain. More than 1,000 physicians who specialize in pain medicine, plus a growing number of primary care physicians from across the country, will be attending the meeting.

InVisible Project by the US Pain Foundation

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



AAPM Booth 231 located in the Resource Center

AAPM's booth (#231) will be located in the Resource Center and is your one-stop destination for attendees in search of the latest in practice resources, discounted products and publications, guidance on educational offerings, and member service assistance. Attendees can also meet the *Pain Medicine* editorial staff, stock up on the latest *Pain Medicine* issues, and learn how to become a contributor. *Pain Medicine* is the specialty's most highly-acclaimed scientific publication, offering the latest in clinical and scientific innovations every month. *Pain Medicine* is among the most highly referenced pain journals, highlighting peer-reviewed research and commentary on multidisciplinary clinical practice.

EXHIBIT AND POSTER SCHEDULE

THURSDAY, MARCH 19

Welcome Reception with Exhibits and Posters (Group 1) 5–6:45 pm

FRIDAY, MARCH 20

Exhibits Open	9–10:30 am, 2:30–7:30 pm
Break with Exhibits and Posters (Group 1)	9:30–10:30 am
Reception with Exhibits and Posters (Group 2)	6–7:30 pm

SATURDAY, MARCH 21

Exhibits Open	9:15–10:45 am
Reception with Exhibits and Posters (Group 2)	9:30–10:45 am
Exhibits Close	11 am



AAPM MEMBERSHIP APPLICATION

Welcome to the premier organization for pain medicine physicians and members of their treatment teams. Visit www.painmed.org to view all your AAPM membership has to offer.

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

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

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

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

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

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

Residents and Trainees must provide a letter from their current department head or program director, verifying enrollment and good standing (see specific member requirements on page 22). Please indicate medical license information below if applicable.

Students must provide a letter from their institution, verifying enrollment and good standing in an accredited graduate-level program (see specific member requirements on page 22).

Please Note: Physicians and nonphysicians working with corporations whose responsibilities include the promotion and sale of products or services for the treatment of pain are welcome to join the Academy's efforts through the Corporate Relations Council and should contact Kathy Checea at kchecea@painmed.org.

Membership Categories

- Active Physician Membership (\$390)
 International Membership (\$290)
 Clinical Practice Affiliate (\$190)
 Nonclinical Affiliate (\$190)

- Student membership (\$0) graduation date: _____
 Resident (\$0) graduation date: _____
 Trainee in fellowship program (\$0) graduation date: _____

Name _____ Professional Degree(s) _____

Mailing address (office) _____ City _____ State _____ Zip Code _____

Mailing address (home) _____ City _____ State _____ Zip Code _____

Phone (office) _____ Fax (home office) _____

Phone (home) _____ Cell phone: _____ E-mail (home) _____ E-mail (office) _____

Date of Birth _____ What is your specialty of origin? _____

Area of expertise: _____ Primary work setting: _____

Highest degree earned: _____ Primary position: _____

Board certification earned: _____ Primary responsibility: _____

Primary specialty: _____

Number of patients you personally see each week:

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

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

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

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

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

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

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

Payment Check (made payable to AAPM) MasterCard Visa Discover American Express

Account number _____ Expiration Date _____ Signature _____ Date _____

American Academy of Pain Medicine

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

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

REGISTRATION RATES AND TRAVEL INFORMATION

REGISTRATION

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

AAPM Active Physician Members

To take advantage of the member registration rate, members must be in good standing when registering for the Annual Meeting. Active members are physicians (MDs or DOs) who have an unrestricted license to practice medicine in the United States or Canada. These physicians spend a significant portion of their professional activities within the field of pain medicine or related disciplines, providing direct patient care.

Affiliate Members (Nonphysician Healthcare Professionals)

This membership category is available to nonphysician professionals in the United States or Canada who are clinical healthcare professionals involved in direct care of patients with pain or whose principal professional responsibilities support the field of pain management.

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

Nonclinical Affiliate members do not provide direct patient care and their principal professional responsibilities support the field of pain medicine. Applicants must provide a resume or curriculum vitae and a signed application from their employers if applicable. Application for membership would serve as an attestation to the Academy's mission.

Please note: physicians and nonphysicians whose responsibilities include the promotion and sale of products or services for the treatment of pain are welcome to join the Academy's efforts through the Corporate Relations Council and should contact Kathy Checea at kchecea@painmed.org.

Residents and Trainees

To take advantage of this registration rate, written documentation of current status (e.g., letter from program director or coordinator) must be provided at the time of registration. Resident and trainee members must be enrolled and in good standing in a residency or fellowship program approved by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association at an institution within the United States.

Students

To register at the student rate, students must be enrolled and in good standing in an accredited graduate-level program in the United States or Canada, leading to licensure, certification, or registration in a clinical healthcare profession that is involved in direct care of patients with pain. A letter from the institution verifying enrollment and good standing, including the expected date of graduation, is required.

Join and Register Offers

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

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

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.

AAPM members enjoy many benefits, including

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

WASHINGTON, DC, USA


Welcome to Washington, DC, one of the United States' most iconic travel destinations and home to an amazing array of sights, activities, and events. Washington is known for its distinguished symbols of patriotism that line the city streets. For more information, visit <http://washington.org>.

TRAVEL

The closest airport to the Gaylord National Resort & Convention Center is the Ronald Reagan Washington National Airport (DCA), located approximately 8 miles from the hotel.

Please visit the Reagan National Airport website for more information at www.metwashairports.com/reagan/reagan.htm.

Airline Information

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

You may book online at www.united.com and enter your Offer Code ZTJ9138633 in the Offer Code box when searching for your flights. If booking through a travel professional or United Meetings at 800.426.1122, please give them the following information:

Agreement Code: 138633, Z Code: ZTJ9

HOTEL

The Gaylord National Resort & Convention Center has been chosen as the headquarters hotel for the conference.

Gaylord National Resort & Convention Center

201 Waterfront Street
National Harbor, MD
301.965.4000, Fax 301.965.4098
Rate: \$234 (single/double)*, daily resort fee of \$18

The daily resort fee includes

- wired and wireless high-speed Internet access
- fitness center access
- designated complimentary in-room beverages
- daily newspaper
- local and toll-free telephone calls (20 minutes per call)

Cutoff date: February 16, 2015

**This special rate will apply until the cutoff date or when the room block is filled; at that point, other rates may apply.*

Visit www.painmed.org to make your hotel reservation and for more information.



AAPM 31ST ANNUAL MEETING REGISTRATION FORM

March 19–22, 2015 • National Harbor, MD

(Essential Tools for Treating the Patient in Pain™ begins on March 18, preconference seminars begin on March 19, and the Annual Meeting begins with an opening reception at 5 pm on March 19)

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) _____

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 | March 19–22, 2015

A

	Early-bird rate postmarked on or before January 19, 2015	Regular rate postmarked after January 19, 2015
AAPM Physician Member	<input type="checkbox"/> \$679	<input type="checkbox"/> \$779
Join & Register Physician*	<input type="checkbox"/> \$969	<input type="checkbox"/> \$1,069
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/Industry	<input type="checkbox"/> \$879	<input type="checkbox"/> \$979

*Membership application must accompany all join & register orders.

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

Questions: Contact the AAPM Membership Marketing Manager at 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 January 19, 2015		Regular rate postmarked after January 19, 2015	
AAPM Physician Member	Fri or Sat <input type="checkbox"/> \$425	Sun <input type="checkbox"/> \$225	Fri or Sat <input type="checkbox"/> \$525	Sun <input type="checkbox"/> \$325
AAPM Affiliate Member	Fri or Sat <input type="checkbox"/> \$275	Sun <input type="checkbox"/> \$150	Fri or Sat <input type="checkbox"/> \$375	Sun <input type="checkbox"/> \$250
AAPM Student, Resident, Trainee Member	Fri or Sat <input type="checkbox"/> \$150	Sun <input type="checkbox"/> \$ 75	Fri or Sat <input type="checkbox"/> \$150	Sun <input type="checkbox"/> \$75
Military*	Fri or Sat <input type="checkbox"/> \$225	Sun <input type="checkbox"/> \$120	Fri or Sat <input type="checkbox"/> \$325	Sun <input type="checkbox"/> \$220
Nonmember	Fri or Sat <input type="checkbox"/> \$550	Sun <input type="checkbox"/> \$275	Fri or Sat <input type="checkbox"/> \$650	Sun <input type="checkbox"/> \$375

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

Subtotal Box B \$ _____

Essential Tools for Treating the Patient in Pain™ Registration

C

(March 18, 7:15 am–5:30 pm; March 19, 7:30–11:45 am)

	Rate if also registering for the Annual Meeting	Rate for seminar only postmarked on or before January 19, 2015	Rate for seminar only postmarked after January 19, 2015
AAPM Physician Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
AAPM Affiliate Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
AAPM Student, Resident, Trainee Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Military*	<input type="checkbox"/> \$195	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
Nonmember	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Handouts (Essentials registrants only)	<input type="checkbox"/> \$40		

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

Subtotal Box C \$ _____

Preconference Seminar Registration | Thursday, March 19

D

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 January 19, 2015	Rate for seminar only postmarked after January 19, 2015
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"/> \$250
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

7:30–11:30 am Neuromodulation (002)

1:15–4:45 pm SAFE Opioid Prescribing (003)

FREE!

FREE!

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

Subtotal Box D \$ _____

Concurrent Scientific Session Selections

E

Please indicate which sessions you plan to attend.

Friday, March 20

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

Saturday, March 21

8–9:30 am	10:45–11:45 am	2:30–4 pm	4:15–5:45 pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sunday, March 22

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

Guest Registration

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

F

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

Special Requests

G

- I will require special assistance. Please contact me. (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)

Specialty Please mark your specialty and select your credentials.

H

- Anesthesiology Neurological Surgery Psychiatry
- Neurology Physical Medicine and Rehab Internal medicine
- Other _____
- Credentials**
- DO MD Nonphysician

GRAND TOTAL Be sure to complete all boxes. \$ _____ **I**

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
8735 W. Higgins Road, Suite 300, Chicago, IL 60631

Payment MasterCard Visa American Express Discover Check (enclosed)

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

Account number _____

Expiration date _____

Cardholder's name (Please print) _____

Signature _____

If payment does not accompany this form, your registration will not be processed. Full payment must be postmarked on or before January 19, 2015, 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 18, 2015. All refunds will be processed after the Annual Meeting. A \$25 fee will be applied to onsite registration.



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**Preconference sessions begin
March 18.....See PAGE 4**

- Essentials Course
- REMS
- Neuromodulation
- Ultrasound Guidance

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