CANADIAN ACADEMY OF PAIN MANAGEMENT

CAPM NEWSLETTER

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EDITORIAL

BY GLORIA GILBERT, PT, MSC, CAPM EDITOR

Dear Members of the Academy

Although you have not received a newsletter from CAPM for several months, much work has been happening 'behind the scenes". Your Executive has been hard at work updating credentialing and advanced credentialing criteria and methodology. Because your Executive members are primarily located in South-Western Ontario (and Toronto), outreach has been developed with several on-line institutions to provide the pre-requisite pain education needed to write the credentialing exam (which at this point will still be in Hamilton, Ontario). More information on the new credentialing process is highlighted in this newsletter.

This newsletter includes an array of topics which your editor hopes you will find both interesting and useful. Included are reports on several patient and health professional initiatives which have been developed to assist both the patient in pain and the health professionals who are assisting them. Review these details in the articles entitled ***Self-Management Toolkit*** and the ***People in Pain Network.***

Inter-Professional education has become a relatively new area of academia at many universities, including the University of Toronto and at Western (University of Western Ontario). It is evident that inter-disciplinary patient-centered care must occur in all fields of medicine, including as we all appreciate for patient in pain.

Fibromyalgia (FM) and its management remains both a significant clinical problem and a challenging diagnosis to manage. Mention is made in the newsletter of an article published in Scientific Mind which provides 'new clues to FM's origins' that could assist with the management of chronic pain. (*Editors' comment: Be advised of what your patient may be reading*)

A Book Review on ***Mindsight - by Dr. Daniel Siegel*** will assist us in 'thinking' beyond the neuroplasticity theory in order to assist our patients' in re-framing their thought processes.

An article written by ***Dr. George D. Gale*** is entitled ***The Efficacy of Treatment of Chronic Non-Malignant Pain by the use of Nerve Blocks*** and is included as an attachment to this Newsletter Issue.

Dr. Lisa Goldstein, practicing in Pain Medicine and Psychiatry is an Executive Member of CAPM and the Director of the Richmond Hill Headache Clinic. Lisa has shared a short story document which she has entitled ***MATCHMAKER, MATCHMAKER- A Tale of Survival, Sharing and Caring and Pain.***

Consider sending other vignettes such as the one shared by Dr. Goldstein's patients to assist our Academy membership to become better observers and listeners.

Your editor encourages all Academy members to submit their own articles or clinical recommendations for publication and to suggest topics for the newsletter.

Respectfully Submitted
Gloria Gilbert, PT; Fellow, CAPM; Newsletter Editor

INSIDE THIS ISSUE:

UPDATE ON THE CREDENTIALING PROCESS

BY GLORIA GILBERT, PT, MSC

Credentialing by the CAPM acknowledges that the credentialed member demonstrates a high knowledge in the field of Pain Management and demonstrates the core attitudes required for the respectful, skillful and compassionate care of pain sufferers. *(part of the CAPM Vision statement)* Many health provider groups, including family physicians, occupational and physical therapists, chiropractors, psychologists and massage therapists are themselves seeking out advanced training, or specialization in the area of pain and chronic pain management.

Becoming a credentialed member of CAPM does not negate or compromise any of those initiatives. It does however, ensure that you now become an integral part of a larger interdisciplinary group of health providers working towards the same goal-improved treatment and management of your patients in pain. It also allows you to add the wording Diplomate of the Canadian Academy of Pain Management, under the signature line for your degree. As a credentialed member, you are also listed on the CAPM website.

For many years, CAPM used the American Academy of Pain Management (AAPM) process for credentialing and then *'as long as all criteria were met'*, the health professional also became a member of CAPM. That process is still available. However, for those health professionals who do not see the need for joining the AAPM, there are now other pathways available.

Criteria to be considered for credentialing still includes professional training and graduating from a regulated health care profession, 'licensure' by the regulatory college for your profession, being a credentialing stream member of the CAPM and 2 or more years' experience in clinical work.

1. CAPM has developed its own credentialing process (stream) and examination. The member can attend a small group format, 3 -day course, offered at Hamilton Health Sciences and then write the exam at the end of the third day.

2. Completion of the 2 of 3 modules of the graduate level certificate in Pain Management offered by the Faculty of Rehabilitation Medicine at the University of Alberta. Course Director is Dr. Judith Hunter, Assistant Professor in the Department of Physical Therapy at the University of Alberta and the University of Toronto. (rehabilitation.ualberta.ca/ professional certificate in pain management).

3. Completion of 3 of the 4 modules offered by McGill University's Faculty of Medicine, School of Physical and Occupational Therapy that has been created for inter-disciplinary health care pain professionals. Dr. Mark Ware and Dr. Isabelle Gelinas are the academic leads of this on-line course. (www.mcgill.ca/pain management) The McGill course is offered in both French and English.

We encourage you to complete the online course to earn the full university credit and you can add this accomplishment to your CV. At this point in time, the credentialing exam needs to be written in Hamilton, Ontario. However there are now greater opportunities for members across Canada to do the prerequisite educational courses.

CAPM members who are not yet ready to sit the credentialing exam, or those who do not need credentialing but who want to update themselves can still attend the education sessions or complete the on-line courses.

Check out the CAPM website at **canadianapm.com** for full details including the scheduling of courses.

REPORT FROM THE CAPM EXECUTIVE

DR. ELDON TUNKS, PRESIDENT

After the CAPM finalized the curriculum for the credentialing course in 2014, and held the first courses in Hamilton Health Sciences, and credentialed the first successful members as Diplomates of CAPM, the next task was to make CAPM Diplomate credentialing accessible to anyone in Canada. This has been made possible by the excellent online courses offered by University of Alberta and by McGill University. CAPM reviewed their educational offerings, their use of problem-based learning that informs clinical application, and their focus that is relevant to the multiple clinical disciplines that deal with pain management. Both the Alberta and the McGill courses offer learning experiences that will promote knowledge and excellence in pain management for health professionals of any discipline.

ELDON TUNKS, MD, FRCP C, PRESIDENT

TALES FROM THE WAITING ROOM

A TALE OF SURVIVAL, SHARING AND CARING AND PAIN AS TOLD BY DR. LISA GOLDSTEIN, MD

"*MATCHMAKER MATCHMAKER MAKE ME A MATCH*...." circa Fiddler on the Roof

She, when she enters the treatment room, enters smiling.
He, when he enters the treatment room, enters peacefully.
Mrs. Z. is aged 93, cradling a walker, holding onto her daughter, with ever glowing cheeks and the most shining of eyes.
Father B. is just aged 59, he is upright although listing, sporting a starched white collar, and ever shining eyes.
I wait for them, for I am so very privileged. And my eyes cry.

Mrs. Z. is a holocaust survivor, the sole survivor of her parents and seven siblings. She was newly married as Hitler swept into Poland. The eldest daughter of her family. Her parents urged her to run with her husband to the north. She stayed. She was taken with the rest of them. She survived. Only she survived.

After the war she found a young man and they connected. They stood up tall and straight and moved forward. Canada beckoned and they accepted. They rebuilt their lives.

Mrs. Z. spoke little of the past but rather she sang. Her voice so sweet, so clear, so peaceful. She sang the songs of her home. She sang to her children, to her new friends, to me. The years of loss, deprivation, torture, hard labour, do not weaken her smile, her voice, her soul.

Mrs. Z. no longer stands tall and straight. The years have weathered her body and she suffers. The songs of home temper the grief, the pain is omnipresent.

Father B. is a priest, he now cares for the souls in an elder parish. He both served and is a survivor of the horrors of Kosovo, and of those in Africa. He is the proud son of Scottish heritage and a lineage of service. His uncle was a Priest too, stationed in Poland during the holocaust. Father B. still guards his Uncle's chalice and fills it at the daily mass he gives, with the wine that soothes his soul. His uncle was righteous and acted. He saved many and transported many, away from the grips of the mobs.

Father B's body suffered too as did his soul, as he witnessed countless atrocities of man's inhumanity and evil. His pain is omnipresent.

I am a pain care Physician. I have been privileged to be part of the ongoing caring. The waiting room of my clinic offers many opportunities for social exchange and often is in itself, therapeutic. It was first there that these two initially crossed paths and a match was made. Made in Heaven they both believe. The priest can provide medication and blessings for the singer. (He gifts to her a treatment used to ameliorate her pain syndrome) Mrs. Z. provides solid witness to the priest that his uncle's valiant role indeed had merit. They are both survivors, they are both believers and they both have endured complex and ongoing pain.

However, their pain is managed. It is modified, I believe, because they have always known of their innate ability to choose. They have understood, despite the ongoing hardships that they face, to make the choice to view their "glass as half full". They know that life itself and continuing on, despite the challenge, has the absolute merit. They trust that people will care.

Other pain patients too, over time, have encountered these two in my waiting room. They too have been gifted by their presence. Their eyes now smile, and they too feel the peacefulness of the giving, as the singer recounts the great gift that she has received and the priest bestows his countenance of blessing.

I have been so very privileged. Privileged to sing her songs along with her, and to receive from him, his "G-d bless". Privileged to know them and to merit to be part of their ongoing care.

Thank you.
Lisa Goldstein
Dr. Lisa Goldstein is the Medical Director of the Richmond Hill Headache Clinic and serves a community of patients with primary chronic pain diagnoses and comorbidities. She is a Director of the Canadian Academy of Pain Management and an Assessor for the College of Physicians and Surgeons of Ontario.

CONCUSSION TREATMENT UPDATE

Published in The Globe and Mail last summer was an article titled 'Innovative Concussion Treatment focuses on inner, ear, cervical spine.' The actual study ***'Cervicovestibular Rehabilitation in Sports-Related Concussion: A randomized controlled trial'*** was originally published in the British Journal of Sports Medicine (dor.1136/bjsports-2013-09327) and concluded that athletes were four times more likely to return to their sport within 8 weeks if their vestibular system (inner ear) and cervical spine were treated together.

Traditionally, management of a concussion has been to tell the person to 'wait 7-14 days to recover'. But obviously for some injured players, this instruction may delay their recovery.

Kathryn Schneider, a sports physiotherapist and researcher at the Sport Injury Prevention Research Centre at the University of Calgary's Faculty of Kinesiology was the lead author. A randomized controlled trial was done on consecutive patients with persistent symptoms of dizziness, neck pain and/or headaches following sport-related concussion. Subjects were 12-30 years of age and included 18 male and 13 females. Each subject had a minimum of 8 weekly sessions (or until they received medical clearance) with a physiotherapist. Treatment of all subjects include postural education, range of motion exercises, cognitive and physical rest until asymptomatic followed by a protocol of graded exercise. The intervention group also had cervical spine and vestibular rehabilitation. Criteria for discharge was medical clearance to return to sport.

The results showed the 73% of the 8 week intervention group but only 7% of the control group were medically cleared to return to work at the end of this trial. They were evaluated by a medical physician who was blinded to the treatment group.

Consider sending your concussion patients to a physiotherapist or chiropractor, knowledgeable about this type of management.

SELF-MANAGEMENT TOOL KIT - A RESOURCE FOR HEALTH CARE PROVIDERS

A very helpful website to assist health professionals working with patients with chronic disease has been created by the South West Self-Management Program (www.swselfmanagement.ca)

Although this toolkit does not deal specifically with chronic pain, information and guidance on this website may assist you to better manage your patients with chronic medical conditions, including pain.

The purpose of the website is to allow healthcare providers to quickly learn the basics of helping patients be better self-managers of their health care. Become a member of this free website (create a user name and password) and you can also obtain a copy of ***Self-Management in Theory & Practice - A Guide for Healthcare Providers.***

The site has been divided into three modules that teach the healthcare professional to:

1. Assess where patients are with their self-care and elicit a care issue relevant to their lives.

2. Assist patients to set a behavioral goal that addresses their self-care issue and design a simple action plan that helps the patient take his/ her first step towards achieving that goal.

3. Assist patients with enacting their action plans and to undertake follow-up with patients to ensure their continued success.

PEOPLE IN PAIN NETWORK—PIPN www.pipain.com

Dialogue with Heather Divine, the CEO of PIPN, has provided this important information about the peopleinpain.com network.

Unlike many other website which provide just 'information' the goal of the PIPN program is to assist people living with pain, as well as their families, to come together and share the struggles and more importantly find the solution to living well with pain.

This is done by establishing local community peer-led pain self-management support groups as well as training and supporting the support group leaders (SGLs).

This program was developed in British Columbia through an initiative of the Health Ministry and Doctors of BC, the Practice Support Program, to establish pain management centers in many communities.

PIPN is often invited to work with these groups to add the peer support needed for their programs. There are at least 2 areas of focus.

1. Orientation and training for all SGL is done through Go To Meetings as a live webinar.
2. Four webinars that provide training for brief action planning (BAP) enhances the services provided for members of a group.

The Self-Management support groups (SMSGs) have a format that includes a check-in, a main educational segment followed by discussion and then a check-out where people can state something they heard that may be helpful to all.

Clicking onto this interesting website will provide you and your patient in pain to gain better insights and learn more about self-management tools.

INTER-PROFESSIONAL INITIATIVES

1. WESTERN'S INTER-PROFESSIONAL EDUCATION PROGRAM
www.ipe.uwo.ca
Dr Carole Orchard, Associate Professor at the Faculty of Health Sciences and the Schulich School of Medicine & Dentistry at the University of Western Ontario (Western) is the Coordinator of IPHER-Inter-professional Health Education and Research.

Carole Orchard shared with us the goals and objectives of this important initiative.

IPHER program is designed to teach health professional students of all disciplines how to practice together effectively as collaborative teams and to respect each member of the team for their knowledge and skills. The patient's (client's) needs are solicited and valued within the team, resulting in improved communication and working relationships. IPE is closely tied to IP collaborative client-centered practice. It lays the foundation for effective collaborative team practice that is client centered.

The 'Mission Statement' developed for this program by Orchard and Curran in 2002 notes that: ***"Interdisciplinary practice involves a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to share decision making and health issues***."

Chronic Pain is the topic of an IP Collaboration in Action Workshop held each year. Last year the Topic was **"*Encountering the Complexities of Pain in Practice*"** and goals included exploring the obstacles/barriers to accessing care faced by patients with chronic pain, understanding the fundamental principles of a pharmacological approach to acute and chronic pain management as well as gaining insight into the lived experiences of individuals who have chronic pain.

2. **PUBLISHED IN PAIN RESEARCH AND MANAGEMENT IN JAN-FEB 2015** was an article entitled ***'A Novel Pain Inter-professional education strategy for trainees: assessing impact on inter-professional competencies and paediatric pain knowledge authored by Hunter, JP, Stinson, J et al.***
The objective of the study was to develop and evaluate the feasibility and preliminary outcomes of the 'Pain-Inter-professional Education (IPE) Placement' a five-week pain IPE implemented in the clinical setting. The utility (content validity, readability, internal consistency and practical considerations) of the outcome measures were also evaluated.

The Conclusion noted that The Pain–IPE Placement is a successful collaborative learning model within a clinical context that successfully changed inter-professional competencies. The present study represents a first step at defining and assessing change in inter-professional competencies gained from Pain-IPE.

Editors' Comment: We can only hope that all areas of medicine, including management of the patient with chronic pain will be best practiced using inter-professional resources and skills. It is unrealistic and futile to treat 'pain' without also acknowledging and appreciating the many factors affecting recovery, rehabilitation and lifestyle.

FIBROMYALGIA: AN UNNERVING ENIGMA— NEW CLUES TO FM'S ORIGINS COULD CRACK THE CASE OF CHRONIC PAIN

By Stephani Sutherland

This article was published in Scientific American Mind in September/ October 2014 (Mind.ScientificAmerican.com)

It remind us about how knowledge about FM is now being disseminated and why you as a health professional have to do more than tell patients 'to learn to live with it' (FM).

Our patients, the readers are becoming more informed but may still need assistance in learning the practicalities of managing FM. Ms. Sutherland, the journalist writes that:

1. FM is a common chronic pain syndrome characterized by an array of aches and discomfort, particularly in the joints and muscles with no discernible cause.
2. In the past two decades researchers have studied FM's effects on the brain, but this approach has not yielded effective treatment options.
3. Neurologists are now identifying damage in the peripheral nervous system that could help explain the symptoms experienced in FM.

She goes on to explain both the psychological history of FM but updates the reader into what she titles '*Brain's Pains'.* Reproducing MRI studies of the brain, she notes that patients with FM show significantly reduced gray matter in several areas, including the cingulate gyrus within the cingulate cortex. Ms. Sutherland reports on scientists in Germany, Boston and Spain who have noticed a peculiar pattern in patients diagnosed with small fiber-polyneuropathy (SFPN), who had previously received the FM label.

It is noted in the article that neurologist Anne Louise Oaklander of Massachusetts General Hospital could not find collaborators (especially rheumatologists) to study this 'theory'. Dr Oaklander and her team used several tests, including a skin biopsy to examine the nerves within the sample. The team published their finding in 2013 and revealed a troubling absence of nerve endings in 41 % of the 27 FM patients studied. Other scientist found similar results.

The topic remains controversial. And not all scientists agree on the true meaning of the findings about peripheral nerves. Dr Daniel Clauw, rheumatologist at the University of Michigan feels strongly that the newly described nerve abnormalities are merely a by-product of an overactive nervous system. He notes that pain, like learning can cause changes in the brain's architecture and so—why wouldn't that likewise occur in the peripheral nervous system?

Other physicians and researchers see a ray of hope in the new findings. Roland Straud who studies and treats FM at the University of Florida addressed both body and mind *(as we all should do*). Beyond recommending the 'more traditional' approaches to managing chronic pain and stressors, he is optimistic that for patients who have detectable nerve damage, healing nerves could alleviate the broader symptoms of FM.

FIBROMYALGIA: AN UNNERVING ENIGMA—CONTINUED

In other neuropathic pain conditions, researchers have found experimentally that blocking an aberrant nerve's overactive signaling with anesthetics can abate even those symptoms rooted in the CNS. Treating possible other sources of nerve injury (diabetes, immune disorders) may help SFPN patients and that similar approaches might also work for FM patients.

Sutherland presents a reading list that includes:

1. Small Fibre Pathology in Patients with Fibromyalgia Syndrome. N. Uceyler et al in Brain, Vol. 136, No.6 pp 895-915, June 2013

2. Hyperexcitable C Nociceptors in Fibromyalgia by Jordi Serra et al in Annals of Neurology, Vol. 75 No.2, pages 196-208. February 2014.

Consider reading the article to update yourself on recent finding and to be aware of what your patients' may be reading. You will have to respond to their questions.

CAPM Executive members appreciate that hyperalgesia remains a major topic and dilemma in clinical practice. A course on this topic will be considered in the future.

In the interim, you may want to re-read, the article published in the April 2015 Newsletter by Eldon Tunks on Complex Regional Pain Dystrophy—a Case study.

BOOK REVIEW

MINDSIGHT: THE NEW SCIENCE OF PERSONAL TRANSFORMATION

By Daniel J. Siegel, MD

Don't let the topic scare you—this is NOT a touchy-feely book, but a practical scientifically based book about how we can change our thoughts (or brains). Working beyond neuroplasticity theory, the author defines mindsight as a kind of focused attention that allows us to see the internal workings of our own minds. It helps us to be aware of our mental processes without being swept away by them, enables us to get ourselves off the autopilot of ingrained behaviours and habitual responses and moves us beyond the reactive emotional loops we all have a tendency to get trapped in. It lets us 'name and tame' the emotions we are experiencing rather that being overwhelmed by them.

Dr Siegel spends much time explaining brain anatomy and physiology in ways that explain to the reader, how we have the 'physical resources' to make these changes--- and to alter our thinking process.

He notes that 'Our first five senses allow us to perceive the outside world, to hear a bird's song or a snake's warning rattles, to make our way down a busy street or smell the warming each of spring. What has been called our sixth sense allows us to perceive our internal bodily states—the quickening beating heart that signals fear or excitement, the sensation of butterflies in our stomach, the pain that demands our attention, Mindsight our ability to look within and perceive the mind to reflect on our experience, is every bit as essential to our well-being. **Mindsight is our seventh sense".**

Part I of the Book is titled **The Path to Well-Being: Mindsight Illuminated** and includes topics such as *The Brain in the Palm of Your Hand* and *Neuroplasticity* in a Nutshell.

Part II is titles the **Power to Change** and includes topics such as *Balancing Left and Right, Reconnecting the Mind and the Body and Memory, Trauma and Recovery.*

It is a book helpful for both the health provider and the patient who is prepared to 'make some changes' to their way of thinking.

Reviews for the book have been written by Drs Norman Doidge, Jon Kabat-Zinn and Jack Kornfield.The book is available at www.DrDanSiegel.com

UPCOMING EVENTS

PARTY for PAIN | Thursday November 5th, 2015

On **Thursday, November 5th, 2015**, Hamilton Health Sciences Michael G. DeGroote Pain Clinic is hosting their annual **PARTY for PAIN** fundraising dinner and silent auction. They are seeking support so that pain services in Hamilton can offer improved and enhanced care for our patients. Visit their website: www.partyforpain.ca, email pain@hhsc.ca or contact Sonya Altena at 905-521-2100, ext. 74342.

New for 2015 – The Hamilton Health Sciences version of Dancing with the Stars!

Entertainment by "Banned from Heaven" and the Hamilton 5 music award winner Laura Cole. Tables and Tickets can be purchased on the party for pain website: www.partyforpain.ca

CAPM CREDENTIALING COURSE—2016

Dates for the CAPM Credentialing course have been established for 2016 and are:

Day One: March 5, 2016 or June 4, 2016

Day Two: March 12, 2016 or June 11, 2016

Day Three Plus Exam: March 19, 2016 or June 18, 2016

For full brochure and details visit:

http://www.canadianapm.com/courses.html

This program has been accredited by the College of Family Physicians of Canada and the Ontario Chapter for up to 15 Mainpro M1 Credits.

CONTACT US

Canadian Academy of Pain Management
1143 Wentworth Street West, Suite 202
Oshawa, ON L1J 8P7; T: 905-404-9545; F: 905-404-3727; office@canadianapm.com
http://www.canadianapm.com

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