



# NEWSLETTER SERIES SPRING 2017



## EDITORIAL

**Gloria Gilbert, M.Sc. (PT)**  
**Newsletter Editor**

Academy members are truly eclectic, innovative, creative and 'integrative'. Their personal life stories often reflect the type of medicine or other health care profession they have chosen to practice - one that must be multidisciplinary in the pain management field.

This edition of the newsletter focuses on the pain practices of several members - anesthesiologist Dr Robert Banner and psychologist Dr Kevin Jones. It will become evident that they truly do live, work, and think - 'outside the box'.

We also pay tribute to Dr Patricia Morley-Forster, who has recently retired from Western as the Professor of Anesthesiology and Perioperative Medicine. Pat was the Chair of the Royal College Working Group in Pain Medicine, a committee that established a two-year accredited residency in Pain Medicine.

Many CAPM Academy members continue to integrate traditional and complementary therapies into their practice. To truly reflect the multidisciplinary nature of our member's practices, the Board has developed a 'Position Statement', or 'Disclaimer' on the publication and dissemination of information on Complementary and Alternative practices.

A reminder to members and non-members (please forward to your colleagues) to attend the Annual General Meeting (AGM) of the Academy on May 13, 2017 in Toronto. Information on the afternoon course on "A Problem -Based Self-Assessment course" as well as a course on Neural Therapy in Ottawa is noted in the Meetings Section of the newsletter.

Your editor has also shared some other interesting 'tid-bits', websites' and articles which I hope you will find interesting.

Hope to see you at the AGM in May.

### **Complementary and Alternative Practices: Canadian Academy of Pain Management (CAPM)Disclaimer:**

**CAPM represents a multi-disciplinary group of licensed health care professionals who provide their patients with different treatment and intervention options to manage their individual pain conditions.**

**The Academy may at times share information on its members' practice- whether or not therapies have**



been deemed 'Best Practice'.

The Academy neither sanctions nor recommends any specific treatment protocol. CAPM acknowledges the importance of disseminating this information for purposes of facilitating peer discussion, and to encourage transparency and interest.



In reviewing where we have been and where we have come in the last 12 years, CAPM has enjoyed loyal support from its membership, and enjoyed and benefited from the dedication and commitment of the board of directors. For the last 2 years the board members included Eleni Hapidou, Martha Bauer, Gloria Gilbert, Lisa Goldstein, Kevin Rod, John Crawford, Chris Giorshev, and I myself. Our newsletter through the leadership and inspiration of

Gloria Gilbert has been an effective voice of communication and sharing of ideas. We have benefited from the loyal and high quality professional support of our office staff Ellen Maracle-Benton and Krista Maracle, organizing our membership drives, arranging meetings, promoting communication, elections, courses and answering queries.

During the past half decade, we've continued to grow in our professional offerings of credentialing courses and now are beginning to develop self-assessment programs in our commitment to promote pain management as an interdisciplinary focus, and the professional identity and visibility of pain clinicians.

Our newsletter under the guidance of Gloria Gilbert has become an important vehicle of communication, interchange, sharing of ideas and stimulation of thought. Gloria's ability to reach out to others and her good counsel has also been an inspiration and valuable resource for the board.

We have had our election. Gloria Gilbert and John Crawford because of other commitments have taken leave of the board duties after long and faithful service - we express our heartfelt thanks and our best wishes for their success and satisfaction in all of their other endeavors.

On behalf of the membership I welcome the returning board of directors for the next 2 years; Eleni Hapidou, Martha Bauer, Lisa Goldstein, Kevin Rod, Chris Giorshev, and I, and we welcome our new board member Mike Boucher. We look forward to a further creative term, with their help and with the help and support of all of our members and our office staff.

We wish you the membership much success in your commitments to promote excellence in pain management.

Eldon Tunks, MD FRCP C, President. CAPM

## **DR. PATRICIA MORLEY-FORSTER: A Tribute**

Building trails at a conservation area and anticipating travel to Australia on completion of her undergraduate degree were dashed- when Pat received a late admission to medical school at the U of T.

However, boyfriend and future husband Ben Forster was pleased with this detour' since he was doing graduate work in Toronto. Pat's medical training moved from one city to the next as Ben completed his PhD and ultimately found a tenured position in the History Department at Western. Pat has achieved much in her career as Professor of Anaesthesiology and Perioperative Medicine at Western, but it is interesting to note the circuitous path of her medical career - (an appropriate preamble to a career in Pain



Management!)

After graduation, Pat was not accepted into her first-choice residency- family medicine, so instead chose a one year rotating internship at the Ottawa Civic Hospital. Contemplating she would be an Emergency Medicine physician, Pat did a year of Anesthesia training at U of T. The good news for all was that Pat realized that Anaesthesia was her calling, and she was able to switch her residency from Emergency Medicine to Anaesthesia.

Pat then joined the staff of Toronto General (University Health Network). With Ben now in London, Pat also arrived 'looking for a job'. An opportunity to develop Obstetrical Anesthesia at St Joseph' Health Sciences Centre (SJHC) was available and Pat worked in all aspects of Anesthesia for 12 years. She was Director of the Obstetrical Anaesthesia program from 1992-2001. Her clinical work was always accompanied by research projects in obstetrical anaesthesia and acute pain.

Pat notes that there were many reasons why she decided to take a break from Anesthesia and pursue further training in Pain Management. One reason was seeing her youngest brother, David, struggle with severe cancer pain. She did a cancer pain preceptorship with neurologist Dr. Dwight Moulin and trained at the Wasser Pain Clinic in Toronto with neurologist Dr. Allan Gordon. She worked 4 days in Toronto, returning to London on the weekends.

Had she gone the more conventional route in anaesthesiology, including possibly completing an interventional fellowship, Pat has remarked that she would not have ever learned to do a proper neuro exam; neither would she have made the connections she did in Toronto which led to her joining the Canadian Pain Society (CPS).

Pat told me that "When I attended my first meeting at the CPS, I realized I had found my people as I loved the intersection and exchange of knowledge between basic scientists, and clinicians of all disciplines". Returning to London, Pat started working in the Pain Clinic and in 2002, was appointed as the inaugural Earl Russell Chair of Pain Research and Medical Director of the Comprehensive Pain Clinic at SJHC. Initially the position included being both the Medical and Research Director of the program. That changed in 2005 with the position evolving into 2 separate entities.

With a background in anaesthesia, research in pain medicine was a major mandate Pat remarks that meeting the many knowledgeable and respected researchers in Pain at Western in many different areas and the ultimate development of a Scientific Advisory Board was essential to her own education in pain.

In 2006, a small group of MDs at the CPS asked her to sign a letter requesting the Royal College to consider the creation of a Pain Medicine specialty in Canada. Connections made in the CPS and previous connections in Anaesthesiology put her strategically in a good position to be someone who could gain support from both communities. She continued her involvement in this project until 2013.

In 2013, Pat won the Canadian Anaesthesiologists' Society Gold Medal for her contributions to anaesthesia and her leadership in advancing the area of chronic pain management.

Pat has written an article about the development of Pain Medicine, and its "tortuous route through the Royal College from 2006-2013". The "paper-work" accumulated to develop the Pain Program, as well as the inauguration of the Earl Russell Chair is now in UWO Medical Archives.

Being married to a historian has taught Pat the importance of keeping records. Bens' view of history is that "everything happens in a context; it is never just one individual"; sounds like he could be discussing the pain management world as well.

Thank you, Pat, for your many years of devotion and creativity in the area of chronic pain education and management, for the many important journal articles you have written or co-authored, and for your ongoing energy and enthusiasm. Enjoy your retirement!

*Editor' comment: Most of us involved in the world of Pain Management would agree that success in the field involves interaction and integration with many different health disciplines. When you find your 'Group', you also find your raison d'etre, and the at times 'bumpy' pathway to get there seems like the right fit.*



## CAPM MEMBER PROFILES



### DR. ROBERT BANNER

Several years ago, when Robert moved his practice from the hospital to his new clinic in London, I had the opportunity to spend several hours with him 'listening, watching and asking questions'. I always felt that even though I did not understand much at the time, my introduction to complementary pain medicine was enhanced by Robert's relaxed, calm and yet decisive manner with his patients.

His interesting career started early -as a national lifeguard examiner, aquatic instructor, and emergency medical technician. After high school, Robert trained as a fixed wing (glider, piston, and jet) and rotary wing pilot (commercial helicopter) before returning to University in 1984. He graduated from the U Saskatchewan medical school in 1990.

After a rotating internship in Victoria BC, he practiced as a flight surgeon and diving medical officer in the Canadian Armed Forces.

Completing his certification in Family Medicine in 1998, he then completed a residency in Anaesthesia in 2001 and practiced in hospital settings for 20 years (in Western provinces and Ontario).

Like many Academy members, Robert cites professional, personal and family reasons for choosing pain management.

Robert currently holds certification in Pain Management, Anaesthesiology, Family Practice and Traditional Chinese Medicine and Acupuncture.

After assessment, a variety of techniques and modalities may be incorporated into his holistic practice - including TCM acupuncture, neural therapy, prolotherapy, functional medicine, hormonal therapy, MSK medicine, nutrition, detoxification, and autonomous response testing.

Robert maintains an academic affiliation with the University of Saskatchewan and is an Adjunctive Professor of Anaesthesia at Western.

He is President of the Ontario Society for Physicians for Complementary Medicine and is Past Chair, OMA Section on Complementary and Integrative Medicine.

Robert references Academy members at the Consensus Statement in the use of Prolotherapy for MSK Pain published in the J. Prolotherapy Vol.3. Issue 4, November 2011.

### DR. KEVIN JONES

Dr. Kevin Jones is a founding partner and director of Burlington Psychological and Counselling Services (BPCS). BPCS includes a team of 10 Ph.D. level Clinical Psychologists who specialize in the provision of a number of Cognitive-Behavioural Therapies (CBT), including acceptance-based and mindfulness-based approaches, for a wide range of clinical disorders. Many of the clinicians at BPCS work in the area of health and rehabilitation psychology, including clients dealing with the sequelae of work-related accidents, motor vehicle accidents, or systemic illnesses.



Dr. Jones' interest in the area of chronic pain management dates back to graduate school, where he researched the role of psychological factors in the experience of pain. He then completed a clinical internship and subsequently worked as a staff psychologist at the Chronic Pain Management Unit, Hamilton Health Sciences. In private practice since 2005, Dr Jones has worked extensively with clients dealing with a variety of chronic pain issues. Dr. Jones employs CBT strategies to address the psychological sequelae of chronic pain conditions, which commonly include fear of pain/re-injury, catastrophizing, depression, and anxiety. Clients are also often struggling to adjust to the impact of pain on their roles, relationships, and employability.

The primary focus working with patients experiencing chronic pain is to enhance their ability to manage pain effectively, through the acquisition and implementation of adaptive coping strategies. Clients referred for assessment and treatment are typically dealing with pain that is unremitting and chronic in nature, and clients have been struggling to find a "fix" for their pain issues for some time. Dr. Jones works with clients towards the reduction of acute emotional distress, achievement of specific rehabilitation goals, and working towards other goals tied to specific areas of value to them. The overarching goal is improved ability to live with chronic pain, and improved quality of life.

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## PAIN - THE FIFTH VITAL SENSE - AN UPDATE

The American Medical Association (AMA) has recently decided to drop pain as the 5th vital sign in professional medical standards

People in Pain and their advocacy groups (i.e. the Pain News Network) are concerned that it will make it more difficult for pain sufferers to have their pain properly diagnosed and treated.



This decision by the AMA appears to be linked to the recent opioid epidemic which physicians admit were created to some extent by themselves because of inappropriate management and overprescribing.

The AMA solution aims to reduce opioid prescriptions and increase access to addiction treatment centres(!).

Another solution proposed to reduce the opioid epidemic is to suggest that AMA members just stop asking their patients about pain (!)

Pain was first recognized as a 5th vital sign in the 1990's giving pain equal status with blood pressure, heart rate, respiratory rate and temperature. There is concern that many physicians do not believe that they should assess pain on a regular and ongoing basis.

Critics say that Pain is a symptom and cannot be measured like temperature or blood pressure. A dilemma.

For more information, link to [Pain News Network](#)

And be reminded about an important book written by pain sufferer Marni Jackson which also traces the development of the influential people who were the founding members of the Canadian Pain Society. Pain. The Fifth Vital Sense. Random House Canada. ISBN 0-679-31108-4

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# AUTHORITY NUTRITION

An Evidence-based Approach

A website on nutrition, weight loss and 'optimal health' was established by an independent group of dietitians and nutritionists in Iceland 4 ½ years ago.

It shares excellent and peer-reviewed information and is NOT sponsored by any major corporation (pharmaceutical or otherwise).

Check it out at: [Authority Nutrition](#)

## OE ORTHOEVIDENCE<sup>+</sup>

OE is an initiative of Dr Mohit Bhandari, Canadian Research Chair in MSK Trauma and the Head of the Division of Orthopaedic Surgery at McMaster University. It provides a global online source of high quality and timely orthopaedic evidence-based summaries from many Journals - including (but not limited to), The Physician and Sports Medicine, J. Orthopaedic Physical Therapy Association, J. Rehabilitation and Medicine as well as Arthritis Care and Research.

There are several 'levels' of membership though the basic package is free. An interesting service is the provision of Advanced Clinical Evidence Reports (ACE) written by health professionals. Currently ACEs are available from family medicine, orthopaedic specialists, occupational therapists as well as physiotherapists.

Check it out at: [Ortho Evidence \(OE\)](#)

### RESEARCH STUDIES

In the December 2016 edition of The Pain Practitioner, the magazine published by the Academy of Integrated Pain Management, these 2 research studies were noted:

1. Assessing the quality, efficacy, and effectiveness of the current evidence base of active self-management complementary and integrative medicine therapies for the management of chronic pain: a rapid evidence assessment of the literature.  
<http://www.ncbi.nlm.nih.gov/pubmed/24734865>

2. Traditional Chinese medications for knee osteoarthritis pain: A meta-analysis of the randomized controlled trials.

<http://www.worldscientific.com/doi/abs/10.1142/>



ONTARIO



# NEUROTRAUMA FOUNDATION

After 3 years of effort, the Ontario Neurotrauma Foundation (ONF) and partner INESSS (institut national d'excellence en santé et en services sociaux, Quebec) released the Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe Traumatic Brain Injury (MSTBI).

The guideline was developed primarily for acute care, as well as in-patient and out-patient rehabilitative care for persons with TBI. Many of the recommendations and theme areas can be of use to professionals working in community-based rehabilitation or by providers of privately funded TBI rehabilitation.

Much work continues to be needed in the area of clinical guidelines for implementation. Check out the guideline and provide your feedback.

[Brain Injury Guideline](#)



## Degenerative Cervical Myelopathy:

Another reminder that our population is ageing and that we may be faced with 'different' presentations of what may appear to be typical age-related problems is as reported in a short article published in the March 2017 edition of the CMA. It remains essential for us to be vigilant about 'asking the right questions'.

1. Degenerative cervical myelopathy is the most common cause of non-traumatic impairment of the spinal cord in adults.
2. Patients most commonly report bilateral neurologic symptoms.
3. Delays in diagnosis are common.
4. Clinical evidence of myelopathy should prompt magnetic resonance imaging (MRI).
5. Patients with radiographic confirmation of spinal cord compression should be referred to a spinal surgeon expeditiously if myelopathy is evident.



The Canadian Academy of Pain Management is holding an Education Day - Saturday May 13, 2017 - all are welcome.

Link to Course Brochure: [Course Brochure & Registration Guide](#)

Location: The Westin Toronto Airport Hotel - 950 Dixon Road, Toronto

CANADIAN ACADEMY OF PAIN MANAGEMENT PRESENTS:

## PAIN MANAGEMENT: A PROBLEM-BASED SELF-ASSESSMENT COURSE

SATURDAY MAY 13, 2017

We welcome all physicians, Psychologists, Physiotherapists, Occupational Therapists, Pharmacists, Behaviour Therapists and other Members of Interdisciplinary Teams.

Great Speakers and Topics!

**IMAGING GUIDED INTERVENTIONAL PROCEDURES FOR CHRONIC PAIN**

Dr. Sunny Sandhu, MD, FACP

**OPIOID PRESCRIBING AND MONITORING GUIDELINES**

Dr. Kevin Rod, MD, CCFP

**GUIDING BEHAVIOURAL MANAGEMENT FOR CHRONIC PAIN**

Dr. Eleni Hapidou, PhD, C Psych, Psychologist

**OPIOID PARTIAL AGONIST AS AN ALTERNATIVE TO STRONG OPIOID FOR PAIN**

Dr. Eldon Tunks, MD, FRCPC

Register 3 Ways!

1. **ONLINE:** [Register Online](#)
2. **FAX:** 1-905-404-9545 (When paying by credit card only)
3. **MAIL:** CAPM, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7  
(Cheques payable to: Canadian Academy of Pain Management)

We would like to thank our sponsors for their support:

**Maricann - Platinum Level; Purdue Pharma - Platinum Level;  
Paladin - Silver Level**



[Link](#)



**Reflective evaluation forms  
comments by participants in  
the credentialing course,  
November 2016:**

- \* Understanding the role of different healthcare professionals will help me engage with the team more efficiently, thereby delivering improved patient care.
- \* I am now more comfortable understanding the data and the evidence in articles, allowing me to provide better care to my chronic pain patients.
- \* I appreciate the ethical practice, high personal standards of behaviour and accountability needed when treating patients with chronic pain.
- \* A greater understanding of pain mechanisms as well as psychosocial determinants enhances communication with the patient.
- \* This new knowledge encourages me to refer more frequently to physiotherapy and to encourage participation in Mindfulness Meditation sessions.



It is interesting to note that the Academy of Integrative Pain Management (formerly the AAPM) is offering short online courses to its members on the following topics

1. Comprehensive Pain Management: Incorporating Complementary and Integrative Medicine
2. The Military Medicine Experience
3. Natural Approaches to Chronic Pain Management: Effective alternatives to opioids

WebMD: an online newsletter on health, wellness, and nutrition notes that 30% of US adults use treatment that is outside mainstream Western medicine.

They include the following as complementary and alternative therapies: relaxation, reflexology supplements, yoga, acupuncture, cupping, chiropractic adjustments, ionic foot baths, aromatherapy, and massage.

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## UPCOMING MEETINGS

### Canadian Academy of Pain Management

MAY 13, 2017

Members Annual General Meeting

Westin Toronto Airport Hotel

950 Dixon Road, Toronto, Ontario

T: 905-404-9545



### Canadian Academy of Pain Management

MAY 13, 2017

Pain Management - A Problem Based Self-Assessment Course

Westin Toronto Airport Hotel

950 Dixon Road, Toronto, Ontario

[Course Registration](#)

T: 905-404-9545

### International Neural Therapy Conference

MAY 11-13, 2017

Ottawa, Ontario

[Registration and Conference Information](#)

The first event on this topic to be held in North America will include speakers and colleagues of " The International Federation of Medical Associations of Neural Therapy (IFMANT)

CAPM member Dr Richard Nahas uses Neural Therapy as a component of his practice. Included on his clinic website [www.seekerscentre.com](http://www.seekerscentre.com) are several hand-outs that may be of interest to your patients

### Canadian Pain Society

38th Annual Scientific Meeting

May 23-29, 2017

Halifax, NS

[www.canadianpainsociety.ca](http://www.canadianpainsociety.ca)

STAY CONNECTED

