CANADIAN ACADEMY OF PAIN MANAGEMENT

CAPM NEWSLETTER

ISSUE 2 VOLUME 1, 2016

EDITORIAL

Dear Members of the Academy

Interdisciplinary- integrated- patient centered- multidisciplinary- multifactorial- finally all the buzz words are merging.

It would seem to your editor however, that the practice of medicine should always have been patient centered and integrated.

At least health providers such as ourselves who work in the area of pain management have continued to be on the cutting edge and probably the first to appreciate the need for interdisciplinary management and integration of services for good patient care.

The American Academy of Pain Management itself has recently changed its name to the Academy for Integrative Pain Management. The organization states that the new name will better reflect the need for alternative solutions for complex pain problems.

The content in this late Summer newsletter is somewhat eclectic. It will give Academy members a smattering of news and information from the many disciplines that treat/ manage the person in pain.

It hopefully will also widen our horizons to think at times beyond medical or pharmaceutical management.

The Lead Article "Accessibility of Chronic Pain Treatment for Individuals Injured in Motor Vehicle Accidents" is by Dr. Eleni Hapidou, Diplomate of CAPM and psychologist at the Michael DeGroote Medical Centre in Hamilton. The abstract is published in the newsletter. The full content of the article is published on line.

A family physician shared with me an article published in the Canadian Medical Association Journal - a research summary in POEMs -Patient Oriented Evidence that Matters. It is titled "Useful Signs and Symptoms of Severe Intracranial Injury After Minor Head Trauma".

Lisa Jadd, speech-language pathologist and owner of Cognitive & Communication Services in in London has written an article providing Academy members with some insight and appreciation of this important but often infrequently used health service.

Thank you to Chiropractor John Crawford, Family Physician Dr. Ruth Dubin and Dentist Dr. Edmund Liem for bringing us current on their areas of interest.

The number of health providers, especially family physicians who have been credentialed through CAPM continues to increase. We welcome them to the Academy.

Please note the dates for the next 3 credentialing sessions are November 12, November 19 and November 26, 2016

Gloria Gilbert, PT, M.Sc.
Newsletter Editor

INSIDE THIS ISSUE:

PRESIDENT'S REPORT
DR. ELDON TUNKS

"WHY SHOULD I CREDENTIAL?"

As professionals, we know that our academic degrees or diplomas give us our official designation and that can appear in our letterheads and business cards and the titles of our occupations. We also know that as practising professionals our licenses give us the right to practice and to bill for what we do. What more do we need?

Those of you who have joined the CAPM have joined because you recognized that high standards and excellence are also sought out and valued by the public, by our professional peers and by our interdisciplinary associates and by our patients. To practice in a truly helpful and skilful way with often complex problems of pain management we recognize we must remain up-to-date in the theory and practice, in the evidence-based guidelines, and in the understanding that can be gained by discussing perspectives and approaches with our opinion leaders and inter-professional associates. It is also becoming common for patients to look into the accomplishments of the professionals that they're soon going to see in clinic, and pain management professionals themselves often want to find someone to help with a clinical problem. CAPM and the credentialing process provide a way to "raise the bar" and make it possible for the public and other professionals to search for those who have made that special effort to promote excellence through pain management credentialing.

CAPM for the last few years has been offering two or three courses per year as part of the qualification for credentialing: Our partners in this include also the online university credit program University of Alberta and the online university credit program McGill University that provide evidence-based training in pain management mentored by key opinion leaders in the pain management field.

In the last two years 63 professionals have completed the requirements to credential as Diplomate in Pain Management and there is another course to run November 12 to 26 2016. The CAPM credentialing program provides an evidence-based and problem-based review with inter-professional discussion of topics that are essential for integrating pain management in the multidisciplinary network.

We are made stronger, more influential and more helpful to a larger number of pain sufferers and to the health-care professional disciplines because of your participation in the CAPM, and if you have not yet credentialed we look forward to having you become a Diplomate of the Canadian Academy of Pain Management.

Yours sincerely,
Eldon Tunks MD FRCP C,
President of CAPM

ASSOCIATION MÉDICALE CANADIENNE — CANADIAN MEDICAL ASSOCIATION

ESSENTIAL EVIDENCE PLUS

POEMS RESEARCH SUMMARIES
Your Daily Update for the Latest Patient Oriented Evidence that Matters

Useful signs and symptoms of severe intracranial injury after minor head trauma

CLINICAL QUESTION

What clinical signs and symptoms are useful in accurately diagnosing a severe intracranial injury after minor head trauma in adults?

BOTTOM LINE

Specific individual risk factors, clinical signs, and symptoms (see Synopsis) are useful in identifying adults with minor head trauma who are at risk of severe intracranial injury. The absence of all features of the Canadian CT Head Rule and New Orleans Criteria are also highly accurate for identifying adults at low risk of severe injury. (LOE = 1b)

REFERENCE

Easter JS, Haukoos JS, Meehan WP, Novack V, Edlow JA. Will neuroimaging reveal a severe intracranial injury in this adult with minor head trauma? The rational clinical examinations systematic review. JAMA 2015;314(24):2672-2681.

SYNOPSIS

Adults who appear well and have a Glasgow Coma Scale (GCS) of 13 or higher after traumatic brain injury (TBI) are defined as having minor head trauma. These investigators searched MEDLINE and the Cochrane Library, as well as pertinent references from retrieved articles, for English-language studies of adults (18 years or older) with head trauma who presented for evaluation with GCS scores ranging from 13 to 15. Inclusion criteria included diagnostic accuracy studies focusing on severe intracranial injuries requiring prompt intervention. A total of 14 studies (N = 23,079) met inclusion criteria with a severe intracranial injury prevalence of 7.1% (95% CI 6.8% - 7.4%) and a prevalence of injuries leading to death or requiring neurosurgical intervention of 0.9% (0.78% - 1.0%). The highest risk factors included pedestrians struck by motor vehicles (positive likelihood ratio [LR+] = 95% CI 3.0 - 4.3), age at least 65 years (LR+ = 2.3; 1.8 - 3.1), and age at least 60 years (LR+ = 2.2; 1.6 - 3.2). Useful symptoms included the presence of vomiting, especially at least 2 episodes (LR+ = 3.6; 3.1 - 4.1), or posttraumatic seizures (LR+ = 2.5, 1.3 - 4.3). Likelihood ratios for loss of consciousness or the presence of headache were minimally, if at all, useful for predicting adverse outcomes. Useful physical signs included features suspicious for skull fractures: visible open skull fracture, palpable depressed skull fracture, postauricular ecchymosis (Battle sign),

POEMS RESEARCH SUMMARIES - CONTINUED

hemotympanum, cerebrospinal fluid otorrhea, or raccoon eyes (LR+ = 16; 3.1 - 59). A GCS score of 13 (LR+ = 4.9; 2.8 - 8.5), a GCS score of less than 15 at 2 hours after injury (LR+ = 1.6 - 7.6), any decline in GCS score (LR+ range = 3.4 - 16) or a focal neurologic deficit (LR+ range = 1.9 - 7.0) also increased the likelihood of severe intracranial injury. Two clinical decision rules, including the Canadian CT Head Rule and the New Orleans Criteria, were also evaluated. The absence of all features on the Canadian CT Head Rule lower the probability of a severe injury to 0.31% (0% - 4.7%), with the corresponding absence of any of the New Orleans Criteria lowering the risk to 0.61% (0.08% - 6.0%).

LEAD ARTICLES

ACCESSIBILITY OF CHRONIC PAIN TREATMENT FOR INDIVIDUALS INJURED IN A MOTOR VEHICLE ACCIDENT

Dr. E. G. Hapidou, Psychologist, Michael D DeGroote Pain Clinic, McMaster University Medical Center

For the full article please go to this link:

http://openventio.org/Volume2_Issue1/Accessibility_of_Chronic_Pain_Treatment_for_Individuals_Injured_in_a_Motor_Vehicle_Accident_PCSOJ_2_111.pdf

Background: Chronic Pain (CP) is a pervasive problem that can drastically lower one's quality of life. Therefore, it is imperative that CP sufferers receive appropriate intervention. At the Michael G. DeGroote Pain Clinic of Hamilton Health Sciences, assessed individuals are either recommended or not recommended for admission into the four-week interdisciplinary pain management Program. Despite receiving recommendation for admission, many are denied insurance coverage for unspecified reasons and cannot undergo required treatment.

Purpose: To investigate if there were clinically significant differences in demographics and pain-related measures between individuals granted *versus* denied insurance coverage for CP treatment.

Methods: Data were collected from 99 patients recommended for admission into the Program. Pain-related questionnaire scores and demographic information were compared between patients denied coverage (n=49) and patients granted coverage (n=50) using two-way MANOVA and Pearson chi-square tests of independence.

Results: Findings on pain-related variables revealed scores that warranted clinical attention in all patients. The majority of measures revealed no patient need-related differences between groups. Pain Stages of Change Questionnaire (PSOCQ) contemplation scores between groups were significantly, yet not clinically, different. Consistent with the literature, Tampa Scale for Kinesiophobia and PSOCQ pre-contemplation scores were significantly higher in males than females.

Conclusions: As hypothesized, these findings strongly support the hypothesis that there are no clinically meaningful differences between groups, suggesting that the separation of groups established by insurance companies was artificial, and not based on any tangible clinical factors. It also implies that insurance companies are likely provisioning funds on systems-related rather than patient need-related criteria.

SLEEP AND PAIN FROM A DENTIST'S PERSPECTIVE

In the last decade more publications are defining the practical involvement of dentistry in the management of sleep and pain. The most obvious pain a dentist deals with on a daily basis is pain from an odontogenic origin (tooth pain).

However, dentists also deal with acute and chronic pain in the head and neck area that have a non-odontogenic origin. Although referred pain may at times be felt in the teeth, there are instance when referred pain from a muscular trigger-point can be the origin of these noxious symptoms.

Another "new" field is in the treatment of Obstructive Sleep Apnea (OSA), also known as Sleep Disordered Breathing (SDB). The fact that dentists are working in an area that is intimately connected to survival (breathing, eating and drinking) has made us realize the important role that a dentist can play.

The upper pharyngeal airway changes with jaw positions (CPR) and this principle is partly the reason why dentists are involved in the treatment of OSA. More than 50% of OSA patients cannot tolerate the prescribed CPAP treatment and require a different modality. Dentistry can provide a more acceptable solution by using an oral appliance that holds the jaw in a slightly protrusive position.
Dentistry has an even larger role in the treatment of paediatric OSA by using appropriate dentofacial orthopedic and orthodontics. Appropriate dentistry can at times reverse the unfavorable craniofacial development related to SDB.

On November 4-5, 2016 the Canadian Chapter of the American Academy of Craniofacial Pain will have their 10th Annual Conference in Vancouver, BC.
The intimate connection between Sleep and Pain is the main theme at this conference.
Information can be found at: **www.aacpcanada.org**

Dr. Edmund Liem, DDS, Diplomate CAPM, President AACP Canada

THE ROLE OF THE SPEECH-LANGUAGE PATHOLOGIST

LISA JADD, M.SC(SLP)

Individuals can experience difficulty with attention, memory, organization and processing of information after they have sustained some type of traumatic injury – including a concussion, an Acquired Brain Injury (ABI). These difficulties can have an effect on their ability to listen, read, engage in conversation and write.

Since all of the activities we are involved in on a daily basis rely on the ability to listen, read, write and/or converse, an assessment by a speech-language pathologist may be beneficial.

A speech-language pathologist can provide the individual with education about their cognitive and communication abilities and weaknesses. Treatment involves direct intervention and/or training in compensatory approaches to optimize functioning in the required tasks.
Services of a speech-language pathologist can be accessed through publicly and privately-funded sources in the community.

Example: The individual is in a meeting, and has difficulty keeping track of as well as processing the information. Discussion with the speech-pathologist could provide the following recommendations:

I. initial practice reviewing presentations and note taking.
II. preparation and review of materials prior to entering a meeting with a plan about what communication is to be communicated or obtained.
III. use of practiced strategies to keep track of relevant information.

Editor's Note
For the last 8 years, a speech-language pathologist has been part of the interdisciplinary team in the assessment, treatment and management of the person with persistent post-traumatic pain.

These individuals may or may not have been diagnosed with an ABI but often have problems related to cognition or memory. Neuropsychological testing is often inconclusive since the majority of people I have seen in this category are of high intellect and function/ adapt well to their post traumatic challenges.

Often these individuals also have vestibular and visual impairments which **may** affect their ability to enjoy reading, acquire new skills and process information.

Postural changes, **may** create a tilting of the neck resulting in the sense of mid line being altered.
The use of electronic technologies today can assist with scheduling, prioritizing and performing daily tasks (including their exercise program!). Technology has been a real boon to improved management. *(It may be evident to Academy members that your editor also engages an optometrist knowledgeable about post trauma visual issues into the team*)

For further information about the role a speech-language pathologist can play in cognitive-communication including developing social communication skills, reasoning, problem solving and executive functioning, check out the Speech-Language and Audiology in Canada website **www.sac-oac.ca**

EDUCATIONAL OPPORTUNITIES

Neuro Optometric Rehabilitation Association International
25th Annual Conference
Thursday September 22, 2016—Sunday September 25, 2016
Atlantis Casino Resort Spa
3800 South Virginia Street, Reno, NV 89502
www.nora.cc for further information

The Canadian Chiropractic Specialty Colleges Council
Advances in Chiropractic Practice Conference
6th Annual Conference
September 24th and 25th 2016
Westin Prince Hotel, Toronto, Ontario
This conference is open to chiropractors and all health professionals. There are many informative speakers for the event.
www.chirofed.ca for further information and registration

EDUCATIONAL OPPORTUNITIES, CONTINUED

Canadian Pain Society Education SIG
Afternoon Symposium
Tuesday, May 23, 2017
Halifax, Nova Scotia

HOW TO MAKE IT HAPPEN: POLITICAL STRATEGIES ACROSS CANADA

The CPS education SIG is planning a half day with **Dr. John Gilbert**, a world renowned leader in inter-professional education across Canada and beyond. Dr. Gilbert has worked strategically with many organizations bringing about considerable policy changes for inter-professional education. This symposium will provide you with an opportunity to learn effective approaches to 'making it happen' through policy. More speakers to be announced.

For more information about our guest speaker, see http://www.audiospeech.ubc.ca/our-people/faculty/john-gilbert/

Submitted by Eloise Carr and Dr. Ruth Dubin

CANADIAN ACADEMY OF PAIN MANAGEMENT CREDENTIALING COURSE

November 12, November 19, November 26, 2016
Hamilton, Ontario
For information go to:
http://canadianapm.com/pdf/capm_course_registration_guide_2016.pdf

Because of the high interest in the CAPM Credentialing program, the next Course will be in November,2016. CAPM is also offering a student rate for all students who wish to attend the course. There are 3 course days with the exam being held on the final day—November 26th.

What they say:

The credentialing course offered by Dr Tunks is very worthwhile and informative. Sitting in an interactive classroom with other health professionals is , in my opinion, the only way to understand chronic pain. We all see our piece of the puzzle in our practices. It is the gathering of outside ideas and concepts that let us get our patients better. I thank Dr. Tunks for the course and was grateful to be able to contribute to it.
RICHARD GOODFELLOW BSc ,DDS

I found the CAPM course very helpful and it has already had a significant impact on my approach to treating patients with chronic pain.
JEFF SPENCE, MD

For further information or questions, please contact the office:
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ACCESS TO PAIN REPORTS IS NOW OPEN: IASP INAUGURATES A NEW JOURNAL

Open Access

IASP has announced the launch of an open access journal from IASP called *PAIN Reports*. The new online journal joins *PAIN* in offering IASP members and the pain research community 2 publishing venues for the best basic and applied pain research. Although *PAIN* will continue to publish the foremost research articles in the field, *PAIN Reports* will offer readers worldwide free access to scientific articles and will expand the publishing terrain for developing countries.
As IASP has noted, we have all entered the field of open access publishing- a reality of living with easy internet access and communications technology. The scientific landscape is changing

INSTITUTE FOR WORK & HEALTH (IWH)

A Reminder: The Website of the IWH contains a wealth of information on Disability Management. Do not ignore this site because you do NOT treat people injured at work. IWH is an independent not for profit organization that conducts and shares research with workers, labour, employers, clinicians and policy makers. The August edition of the IWH Bulletin published the PREMUS 2016 keynote addresses. This Conference was hosted in June and provided important information into topics related to the prevention of occupational musculo-skeletal disorders. IWH research also includes Systemic Reviews on many topics.

VIRTUAL REALITY (VR) BECOMING A COMPONENT OF MANY REHABILITATION INITIATIVES:

Mindy Levin, PT, PhD, Professor in the School of Physical & Occupational Therapy at McGill and Editor of Motor Control. The Journal of the Center for Interdisciplinary Research in Rehabilitation of Greater Montreal was interviewed by Emma Court, Health Care reporter from Market Watch, Wall Street Journal on the role of virtual reality in stroke rehabilitation.

This article appeared in The Wall Street Journal on June 27, 2016.
http://www.wsj.com/articles/high-tech-tools-show-promise-for-stroke-recovery-1466993040

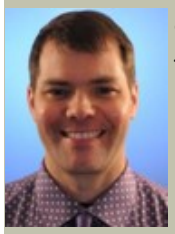
VIRTUAL REALITY FOR PERSISTENT PAIN

A new direction for behavioural pain management is the title of a Topical Review published in Pain: 153 (2012) by FJ Keefe, DA Hulking, MJ Coggins et al. The authors note that "VR technologies are rapidly evolving. One of the most promising areas for further study is developing and evaluating tailored VR environments that are optimally effective in pain control for a given patient. In the future, it may be practical to tailor VR environments on the basis of visual, auditory, tactile and even olfactory stimuli". An article worth your attention.

CREDENTIALED MEMBERS

MANGESH INAMDAR MD, CCFP(EM), FCFP

Dr. Inamdar graduated in 1999 after completing a 4 year residency at McGill University. He currently practices interventional pain medicine at Pain Care Clinics in Oakville. He is an assistant clinical Professor at McMaster University and is also on active staff at Oakville Trafalgar Memorial Hospital. As an independent medical examiner, Dr. Inamdar holds certification through the American Board of Forensic Professionals in the AMA Guides to the Evaluation of Permanent Impairment (4th Edition). He has also appeared in Readers Digest, the Toronto star and television.



JEFF SPENCE MD

Jeff has been working as a Family Physician since 1997 and involved in chronic pain treatment since 2008. His interest is in developing activity based chronic pain education and treatment in the primary care setting in the London area

KEVIN JONES PH.D., C. PSYCH

Kevin Jones is the Founder and Director of Burlington Psychological and Counselling Services. Dr. Jones works with adults and adolescents in the area of clinical, health and rehabilitation psychology. He has a special interest in CBT for chronic pain, depression, anxiety disorders, brain injury, and motor vehicle accident rehabilitation.

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PARTY FOR PAIN
PLEASE JOIN US
THURSDAY NOVEMBER 3, 2016

On **Thursday, November 3rd, 2016**, Hamilton Health Sciences Michael G. DeGroote Pain Clinic is hosting their annual **PARTY for PAIN** fundraising dinner and silent auction. We are seeking your support so that pain services in Hamilton can offer improved and enhanced care for our patients.

For further information, please see attachments (which includes sponsorship information), visit our website: www.partyforpain.ca, email pain@hhsc.ca or contact Sonya Altena at 905-521-2100, ext. 74342.

Once again we will have "Dancing with the Hamilton Stars!" Please visit their personal sponsorship pages which will be coming soon!

Tables and Tickets can be purchased on our website www.partyforpain.ca

CALL FOR ARTICLES

Do you have an article you would like to share with other members?
Have you recently come across some interesting new information?
Do you have any experiences you would like to share?

CAPM members are encouraged to email me any article of interest, or information that you would like to share. For the Newsletter to be a value added piece for members, I would be more than happy to publish your contributions in future issues.

Remember—you can access past editions of the Newsletter by logging onto the CAPM website. **http://www.canadianapm.com**

GLORIA GILBERT

DISCLAIMER