Canadian Academy of Pain Management

CAPM NEWSLETTER

ISSUE 1 VOLUME 5 WINTER 2012

On November 19 -20, 2011, the Canadian Academy of Pain Management held a very successful 2 day clinical skills workshop in Toronto. Attendees at the workshop felt that the content of the workshop and the presentations were beneficial, worthwhile, educational, and even "re-affirming". Most health providers do not work within an academic environment with ready access to dialogue or interaction with other health providers. They enjoyed the ambience of the workshop. Participants included psychologists, physiotherapists, nurses, occupational therapists, pharmacists, family medicine physicians, anesthetists, dentists and social workers.

Keynote speakers included **Dr. Colin Shapiro**, professor of psychiatry and ophthalmology at the University of Toronto and Director of the Sleep & Alertness Clinic & Sleep Research Laboratory at Toronto Western hospital – who discussed the important relationship between pain and non-restorative sleep; **Dr. Dennis Marangos** , dentist , Founding President of the Canadian Chapter of the American Academy of Craniofacial Pain and principal doctor at the Yorkville TMJ Centre in Toronto – who provided an excellent 'tour' around the joints of the mandible and skull as well as teeth. Dennis discussed alignment issues as well as the often overlooked issue of a blocked airway which often contributes to problems.

Gloria Gilbert, physiotherapist discussed the role of the PT in dealing with the person with a complex injury and complicated (mixed) pain presentation. She highlighted the importance of a thorough assessment with functional outcomes. **Martha Bauer**, occupational therapist and Clinical Associate in the School of Rehabilitation Sciences at McMaster University discussed some concerns with return to work programs for injured workers.

Dr. Norm Buckley, Chair of the Department of Anesthesia, Michael G. de Groote School of Medicine, McMaster University in Hamilton discussed the use of interventional techniques for both diagnoses as well as treatment. Eight cases were presented, each following a key note address. Group facilitators included members of the Executive Committee- who encouraged different health providers to sit at these round tables so that a truly interprofessional dialogue could ensue.

It was evident that although many people 'knew' or 'thought they knew' what other health providers did, this was not universally shared. Getting to both understand and appreciate the skill level of different health providers was enlightening. It would be truly ideal if all of us working in the area of Pain Management could be truly inter-disciplinary in nature, situated on one site with adequate time to not only treat our patients but also to dialogue with each other, set treatment goals and work through difficult challenges together.

However until that time comes, it remains incumbent on all of us to develop our own individual skills as best we can, to understand and appreciate what other members of a 'team' can offer and to share this information, experience, and insight with each other. In this age of technology, ensuring that we (at least) fax or email each other is vital.

Patients are at the centre and the most important component of any pain management program. Ensure that they attend some of the team meetings as well (and also encourage family members and caregivers to attend).

Attached to this newsletter is the recent edition of the Canadian Pain Coalition newsletter. I would encourage you to share it with your colleagues as well as your patients. Encourage everyone to become a member of the Coalition – the voice and advocate for the person with pain.

Many of us have been around the rehab and medical world for a long time. We have seen a gradual

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BRONZE LEVEL CORPORATE MEMBER

and now fairly quickly changing environment…where ‘pain’ was once ignored (or coped with) to a time where there is much evidence base research knowledge and validation of a significant disease in Canada and the world.

Ensuring that persons in pain are knowledgeable as well as health providers are current with the state of affairs is vital…too often are we still fighting old prejudices and lack of insight about the truly challenging nature of pain.

Because so many health providers working in the area of pain are ‘cross-referenced…working in their own disciplines as well as in an inter-disciplinary fashion, we are running into NEW problems with some important meetings scheduled over the same time frame. It may be time for us perhaps to consider a ‘central coordinating body’ that can ensure that this overlap does not occur.

This edition of the newsletter will highlight a few of our Academy members…who in their own right have been leaders in the field of pain management and pain education.

Also included is a book review on ‘Breaking Thru the Fibro Fog” by Dr. Kevin White, rheumatologist, and a précis of a talk at a recent Toronto Rehab meeting by Defry Smith Frank, lawyers and mediators on ‘ Proving Chronic Pain”– a lawyer’s perspective.

Your newsletter editor continues to encourage all members to share their work, their knowledge and their insights with us.

All Good wishes for a Happy and Health 2012!
Gloria Gilbert, PT, MSc
Fellow, CAPM

YEAR-END ASSESSMENT OF THE WORK OF CAPM, FOR 2011

REPORT BY ELDON TUNKS, MD,FRCPC, PRESIDENT, CAPM

CAPM has been active in 2011 in pursuing the mission of collaborating with and making bridges to stakeholders and professional groups in Canada committed to pain management. We conducted two pain courses, in keeping with the educational objectives that we have been developing (see appendix below) – both courses, in Hamilton and Toronto, well attended and judging from the evaluations were highly successful and with very high ratings. Both courses were evidence-based and the second was based on clinical problem-solving, with faculty including multidisciplinary opinion leaders.

President and Vice-President of the CAPM, Dr. Eldon Tunks and Dr. Howard Jacobs, were also invited by the regulatory body, the College of Physicians and Surgeons of Ontario to participate in a working group which produced a guide to applying out of hospital standards for interventional pain premises: this was approved and disseminated by the CPSO July 7, 2011. Dr. Eldon Tunks and Dr. Howard Jacobs were also included in a CPSO working group to derive a draft framework dealing with training standards for physicians intending to practice in the field of interventional pain management. The CPSO which is the regulatory body in Ontario, acknowledged in this draft that "The training components outlined in the “Expectations of General Knowledge, Skills and Judgment”, as well as “Expectations of Procedural-Specific Knowledge, Skills, and Judgment” for interventional pain management were derived from the Canadian Academy of Pain Management’s document on training for interventional pain management."

CAPM was also officially a part of and signatory to the National Pain Strategy for Canada which was the initiative coordinated by the Canadian Pain Society and the Canadian Pain Coalition.

CAPM executive members participated in and made presentations in academic meetings of the College of Chiropractic Sciences (which held a high-quality scientific meeting in Toronto in November 2011), and annual meeting the Canadian Chapter of the American Academy of Craniofacial Pain, also in November 2011. This is an opportunity for reciprocal sharing, with the president and the past-president of Canadian Chapter of AACP also presenting in the CAPM course in Toronto in November 2011. Further academic courses are planned by CAPM for 2012.

The CAPM is well-connected, politically effective, and academically well-prepared, and in a leadership position in Canada, and we intend to continue to develop these initiatives.

Wishing all the CAPM members a happy and successful new year and thanking all of you for your commitment to pain management.

FOCUS ON MEMBERS OF THE ACADEMY

As we salute Dr. Ruth Dubin, and Dr. Patricia Morley-Forster—it remains interesting to note that these interdisciplinary health professionals are also persons with varied backgrounds and interests.

Perhaps in order to be an excellent health provider interested in pain management, you must also have your own balance of professional and personal experiences . . . A little levity helps as well!

DR. RUTH DUBIN, MD, PHD

A family physician and member of the Kingston Family Health Team, as well as Assistant Professor at Queens's University Ruth has been the advocate for the chronic pain patient for many years.

Among her many achievements, in 2005-6 Ruth worked with a large group of inter-professionals to develop the YPEP program at the Kingston Family YMCA. Combining gentle exercise with Dr. Sandra LeFort's chronic pain self-management program, it continues to be a successful Y program.

Inspired by a poster she reviewed at a Toronto Rehab Conference, Ruth and her associates have developed several aquatic based exercise and walking programs. She is so inspired by the benefits to herself, that Ruth also 'jumps into the pool' to assist in conducting these sessions. *(Editor's note: It is important for health providers to take their own advice and stay fit!)*

Ruth is the chair of the new Chronic Pain Committee at the College of Family Physicians of Canada. The committee will work towards educating physicians about chronic non-cancer pain management.

The successful application to fund this program was assisted by many member of the Canadian Academy of Pain Management (Howard Jacobs, Kevin Rod) as well as the Canadian Pain Society.

As Ruth notes in the post script to her letters:
If you are hungry-eat; if you are thirsty-drink:
if you are tired-sleep.

IF YOU HAVE PAIN-MOVE!

DR. PATRICIA MORLEY-FORSTER, MD

Pat is the most recent member to become a Diplomat of the Canadian Academy of Pain Management. Congratulations!
She has been involved with the creation of Pain Medicine as a subspecialty and is the Chair of the Royal College Pain Medicine Subspecialty Working Group.

From January 2011 through September 201211, Pat was a member of the provincial Chronic Pain Working Group with representatives from the OMA and the MOHLTC. A blue-print for Chronic Pain Services in Ontario was submitted which followed a multi-disciplinary model, with primary care and mental health care as the foundations of the system. The 'blueprint' to the MOH included advice on implementation priorities. Pat feels there is very positive change coming! Pat continues to be the Medical Director of the St. Joseph's Clinic (University of Western Ontario) and in 2012 will be moving to long-awaited renovated quarters.

Pat is an Associate (soon to be Full) professor of Anesthesia & Peri-Operative Medicine at UWO. She was the inaugural Earl Russell Chair of Pain Research and Medical Director of the Comprehensive Pain Clinic at St Joseph's Health Centre London which started in 2002. Pat continues to be an advocate for both her patients as well as her residents- ensuring the clinical rotations include many different areas of pain management.

DISABILITY TAX CREDIT (DTC):

As a qualified health practitioner (in your field), you may be asked to provide accurate information about your patients (mental or physical) impairment- so that your patient can obtain a DISABILITY TAX CREDIT (through the CRA- Canadian Revenue Agency).
The DTC is a non-refundable tax credit sued to reduce income tax payable for eligible individuals. To apply for the DTC, individuals must complete Part A of Form T2201, Disability Tax Certificate, and have Part B completed by a qualified practitioner. The CRA will review the information you provide and determine your patient's eligibility for the DTC. They will also advise the patient of their decision. Occasionally, the CRA will need to send a clarification letter to a qualified practitioner requesting additional information. This is done because not enough detail was provided or because there were conflicting responses on the Form T2201. It is important to note that a patient's ability or inability to work has no relevance in determining DTC eligibility.
For more information, visit www.cra.gc.ca/qualified-practitioners or call 1-866-741-0127 (government hours of course, between 7 am - 4 pm EST)

PROVING CHRONIC PAIN—A LAWYER'S PERSPECTIVE

On November 18, 2011, Toronto Rehab sponsored a full day workshop entitled 'Pain Management across the Continuum: Bridging the Gap from Acute Care to Rehabilitation and Into the Community'. An important a session was given by George Frank, David Derfel and David Schell, Lawyers at the Devry Smith Frank LLP Personal Injury Group in Toronto. (www.devrylaw.ca)

Entitled **"Proving Chronic Pain – A Lawyer's Perspective"**, the presenters précised some court decisions which have changed the way chronic pain is being discussed and debated in the judicial system. The lawyers reminded the health providers in the audience that although it never seems to happens fast enough, the judicial system is dealing with chronic pain and its sequelae as bone fide reasons for delayed recovery—that needs to be both acknowledged and remunerated (treatment and possible permanent lifestyle changes).

The lawyers reminded us that although 'chronic pain' is real…documented objective and clear information (with functional outcomes if possible) is essential in all our repeats.

(Editorial Comment) . . . "We need to be careful as well to not state that our patients are going to get better with 'appropriate' treatment/ management. i.e. resume all their functional activities. We need to think like a 'lawyer' as we carefully note our findings in reports and opinion pieces. What is the 'probability' of our patients making gains? Nothing is absolute in the health-care field."

The following statements from court documents have shown us how the system is changing . . .

If you require the actual name of the cases where some of these precedents were established, please contact your editor, Gloria Gilbert. At the same time, our legal team of personal injury lawyers is prepared to write on this subject or any other if requested. Please inform your editor whether you would like to have more legal information and as well which topics you would like to learn about more.

THE OLD APPROACH

"I am not stating any new principles when I say that the Court should be exceedingly careful when there is little or no objective evidence of continuing injury and when complaints of pain persist for long periods extending beyond the normal or usual recovery."

"Self-deception, imaginary ailments or irrational reactions to injuries are not bases for damages."

"The evidence in this case satisfies me that the symptoms diagnosed as fibromyalgia are a re-labeling of a condition by rheumatologists that has been with mankind for hundreds of years and represents a personality disorder. This particular disorder is often found in individuals who cannot cope with the everyday stresses of life and convert this inability into acceptable physical symptoms to avoid dealing with Reality."

"I take no satisfaction in the observation of Dr. X that a subjective complaint becomes an objective one if it is repeated over time.
The absence of a consistent organic explanation for pain does not mean that chronic pain syndrome should be used as the default Diagnosis."

THE NEW(ER) APPROACH

"Pain on its own is not compensable in the (Statutory Accident Benefit Scheme (SABS). Nor does a diagnosis of chronic pain syndrome guarantee entitlement. However, an insured may be entitled to benefits because of disabling pain, despite there being no objectively confirmable impairment."

"The accident need not be the only cause of the insured's problems but must be a significant or material contributing to it."

"Despite this lack of objective findings, there is no doubt that chronic pain patients are suffering and in distress, and that the disability that experience is real . . . (however) despite this reality, since chronic pain suffers are impaired by a condition that cannot be supported by objective findings, they have been subjected to persistent suspicions or malingering on the part of employers, compensation official sand even physicians."

"The denial of the reality of the pain suffered by the affected workers reinforces wide-spread negative assumptions held by employers, compensation official sand some members of the medical profession, and demeans the essential human dignity of chronic pain sufferers."

BOOK REVIEW

BREAKING THRU THE FIBRO FOG
'Scientific Proof Fibromyalgia is Real"
Kevin P. White, MD, PhD with a forward by I. Jon Russell, MD, PhD

Check out http://wortleyroadbooks.com (professional discount) or Chapters (Indigo)

In Dr. White's introductory paragraphs to his book, he writes "Did you know that FM is more common in Bangladesh and Pakistan than in any other North American or Western Europe? So much for the argument some critics use that FM only exists because of wealthy western world's insurance and compensations programs.

FM is a long-term often disabling disease that affects 1 in 10 women and 1 in 60 men over the course of their life-times, and yet many—including those in the healthcare and legal professions—fail to accept that it even exists—or that it can possibly be as disabling to patients.

This book is for all of you and for those who love you, for those who employ you and for the doctors and lawyers and others who seek to defend you and your rights, and for those who just want to read about what the scientific evidence is and then decide for themselves."

The book contains not only clear, detailed explanations but also scientific references, a glossary of terms, a list of referenced authors and an index to aid those who really want to explore the science behind the disease.

Chapter headings include FM what it is and isn't (definition, diagnoses and falsehoods); twelve scientific reasons FM is real (similarities between people, objective findings, scientifically supported explanations: Trauma, ad Disability.

The book is easy to read, and to understand – concisely presented in short sections and often with answers to questions that most of our FM people continue to ask.
(Editor's Note:) It is one of our most popular lending library books at the Clinic!)

UPCOMING MEETINGS

www.torontorehab.com/events/mTBI symposium/registration

February 24-26, 2012—CPS Education SIG Chronic Pain Refresher Course
Toronto
www.canadianpainsociety.ca/sig_education.html

March 23-25 2012—Ontario Physiotherapy Association Inter-Action 2012
Toronto
www.opa.on.ca

April 19-20, 21-22, 2012—NORA: The Neuro-Optometric Rehabilitation Association
Clinical Skills I and II workshops April 19-20
Annual Conference April 21-22
Memphis Tennessee
www.nora.cc

April 24, 2012—Canadian Pain Summit
Fairmount Chateau Laurier
Ottawa, Ontario
www. canadianpainsummit2012.ca

May 23-26, 2012—Canadian Pain Society Annual Conference
May 23-26, 2012
Whistler, British Columbia
www.canadianpainsociety.ca/meetings

May 23—25, 2012—Canadian Physiotherapy Association Congress
Saskatoon, Saskatchewan
www.physiotherapy.ca
May 23-25, 2012

August 27-31, 2012—IASP 14th Congress on Pain
Milan, Italy
www.iasp-pain.org/Milan

September 20-12, 2012—23rd Annual Meeting, American Academy of Pain Management
Phoenix, Arizona
www.aapainmanage.org

May 23—May 26, 2013—Fourth (4th) International Congress on Neuropathic Pain
Toronto ON
www.kenes.com

June 12—June 15, 2013—Canadian Pain Society Annual Conference
Charlottetown, PEI

HOW TO ADJUST YOUR WORKSTATION

Hamilton Health Sciences
Health, Safety and Wellness

Your workstation should be arranged so that you can use comfortable (neutral) postures when using the monitor, keyboard, mouse, documents, and other items. Workstations that are used by more than one person or for a variety of tasks should be adjustable. You should be familiar with how to adjust your workstation to suit your personal requirements and the work tasks.

Keyboard shortcuts is also an effective way to reduce your mousing demands with your daily tasks. Keyboard Shortcuts can also be used to work in a faster and more efficient manner on the computer

As an attachment to this Newsletter, you will find useful information on how to set up your Workstation using your Keyboard, Mouse, Monitor, Documents, Work Area and Additional Topics, and Keyboard Shortcuts for those everyday computer commands.

ATTACHMENTS WITH THIS NEWSLETTER

1. Canadian Pain Coalition Newsletter
2. Staying Pain Free When Using A Computer

CAPM CALL FOR NEWSLETTER ARTICLES

This Newsletter attempts to be published 4 times per year. We would like this publication to be useful to our members and to others reading the information. If you have any interesting articles, information or know about any upcoming meetings, workshops, one-day seminars, let us know and we can publish your entry. In this diverse pain world, many of us repeat our daily lives from week-to-week, month-to-month etc. not knowing how much information and other visionary processes, ideas or researched data may be available. Through publications such as this, we are able to share information, findings and noteworthy items amongst us.

I encourage you to participate and send in anything that you would like to share.

Thank you.
Gloria Gilbert
CAPM Newsletter Editor