

1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7
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www.canadianapm.com

# **REGISTRATION INFORMATION GUIDE**

CANADIAN ACADEMY OF PAIN MANAGEMENT PRESENTS:

# PAIN MANAGEMENT CREDENTIALING COURSES 2020

# CAPM MEMBER AND NOT CREDENTIALED YET? YOU CAN CREDENTIAL NOW!

Credentialing pathway valid for members of CAPM Followed by Qualifying Examination

DAY ONE THURSDAY FEBRUARY 27, 2020 or THURSDAY MAY 28, 2020

DAY TWO FRIDAY FEBRUARY 28, 2020 FRIDAY MAY 29, 2020

DAY THREE & EXAM
SATURDAY FEBRUARY 29, 2020
SATURDAY MAY 30, 2020



This Group

19.25 Mainpro+ credits.



HAMILTON GENERAL HOSPITAL—MAIN BUILDING
237 BARTON STREET EAST
RON JOYCE CENTER
HAMILTON GENERAL HOSPITAL CAMPUS
HAMILTON, ONTARIO

## WHO SHOULD ATTEND

This multidisciplinary meeting is of interest to:

Physiotherapists **Physicians** Chiropractors Surgeons

Nurses Occupational Therapists

Interventional Pain Physicians Pharmacists Social Workers **Psychologists** Massage Therapists

# **REQUIREMENTS:**

- Attend the course and pass the exam based on attending the three CAPM days.
- You are a current CAPM Member in the Credentialing stream. 2.
- 3. Proof of current licensure or registration of your profession regulatory body.
- Documentation of your highest academic degree or diploma relevant to pain practice, if applicable.
- CV demonstrating 2 or more years of active clinical practice in pain management. 5.
- Three letters of reference from colleagues to support that you practice in pain.
- A \$200 fee is applicable for credentialing.

# **FACULTY**

# DR. ELDON TUNKS, MD, FRCPC

**Course Chair** 

Emeritus Prof Psychiatry McMaster Consultant Department of Physical Medicine and Rehabilitation Hamilton Health Sciences

President, CAPM

#### DR. ELENI G. HAPIDOU, C PSYCH

**Psychologist** 

Diplomate, Canadian Academy of Pain Management (CAPM)

Michael G DeGroote Pain Clinic; McMaster University Medical Center; Hamilton Health Sciences: Associate Professor (PT); Department of Psychiatry and Behavioral Neurosciences; Associate Faculty Member; Department of Psychology, Neuroscience and Behavior (PNB), Clinical Behavioral Sciences & Bachelor of Health Sciences Program, McMaster University

Vice President, CAPM

# MARTHA BAUER, BSC, OT, OT REG (ONT)

Occupational Therapist McMaster Family Health Team/Ennis Centre Pain Management Clinical Lecturer, McMaster University, School of Rehabilitation Sciences **Board Member, CAPM** 

#### DR. KEVIN ROD, MD, CCFP

**Director Toronto Poly Clinic** Lecturer DFCM University of Toronto **Credentialing Chair, CAPM** 

#### REGISTRATION

#### THREE WAYS TO REGISTER:

- 1. ONLINE: https://eis.eventsair.com/capm-course-2020/capmcourse2020
- 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)

# **CANCELLATION POLICY**

Cancellations will be accepted up to two weeks prior to the start of the course dates with a \$60.00 cancellation fee. Within two weeks of the course start dates, there are no cancellations.

# **HOTELS**

Please call for current rates:

#### **Crowne Plaza Hamilton Hotel**

905-528-3451: 150 King Street East, Hamilton www.ichotelsgroup.com/h/d/cp/1/en/hotel/yhmcp

#### **Days Inn Hamilton**

905-528-3297: 210 Main Street East, Hamilton

www.hamiltondaysinn.com

#### **Sheraton Hamilton Hotel**

905-529-5515: 116 King Street West, Hamilton

www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=185

#### **Howard Johnson Hotel Hamilton**

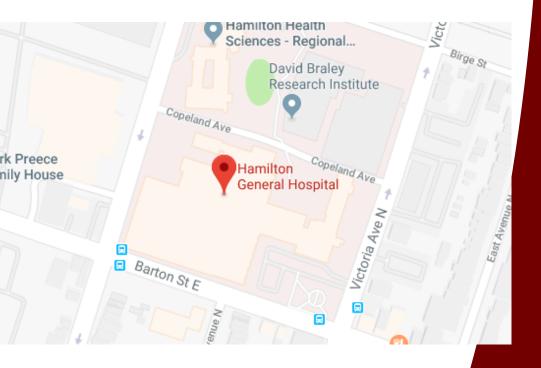
905-546-8111: 112 King Street East, Hamilton

# **LOCATION OF COURSE**

Hamilton General Hospital 237 Barton Street East Ron Joyce Center

Hamilton General Hospital Campus

For parking, maps and information please visit <a href="http://www.hamiltonhealthsciences.ca">http://www.hamiltonhealthsciences.ca</a>



# LEARNING OBJECTIVES

As a result of this course participation the learner will be able to:

#### AS AN EXPERT AND SCHOLAR:

1. Identify common and important pain disorders including the pain mechanisms underlying the clinical features, and correlate this with the current evidence on pain mechanisms.

#### AS AN EXPERT:

- 1. To conduct a bedside examination to distinguish primary nociception from chronic hyperalgesic or neuropathic pain conditions.
- Identify through the history, review of documentary data and bedside examination, the conditions, comorbidities and syndromes, preparatory for effective pain management decisions.
- 3. Assess the patient's readiness for therapeutic change and identify obstacles interfering with change.
- 4. Choose behavioral strategies appropriate for the problem and to employ them.

#### AS A SCHOLAR:

 Be able to discern acute, subacute and chronic neck/back spinal pain, and the evidence supporting or not supporting procedures to address spinal pain.

#### AS A COLLABORATOR AND AS AN EXPERT:

 Have sufficient understanding of cognitive behavioral and multidisciplinary approaches that the clinician will be able to collaborate with the psychological or multidisciplinary providers and/or act as the most responsible clinician to promote functional improvement and return to occupational, psychological and interpersonal role-functioning.

#### AS A COLLABORATOR:

 To discern clinical history and bedside signs and symptoms to make an informed decision regarding the appropriateness of interventional procedures.

# **PROGRAM**

# THURSDAY FEBRUARY 27 AND THURSDAY MAY 28, 2020

9:00 AM - 9:30 AM Chronic Pain Clinical Assessment 9:30 AM - 10:05 AM Pain and Comorbid Depression

10:05 AM - 10:15 AMOpen Discussion10:15 AM - 10:30 AMRefreshment Break10:30 AM - 11:15 AMStages of Change

11:15 AM - 12:00 PM Facilitated Discussion – 6 Problem-Based Examples

Readiness for Change

12:00 PM - 12:30 PM Lunch

12:30 PM - 1:00 PM Open Discussion of Morning Topics

1:00 PM - 1:45 PM Simple Behavioral Strategies in Pain Management

1:45 PM - 2:00 PM Practicing As a Group a Technique of Applied Relaxation Technique

2:00 PM - 2:35 PM CBT

2:35 PM - 2:45 PM Open Discussion 2:45 PM - 3:00 PM Refreshment Break

3:00 PM - 3:45 PM Pain In Special Populations (children, elderly, pregnancy)

3:45 PM - 4:00 PM Open Discussion

4:00 PM - 4:30 PM Work and Confronting Disability

4:30 PM - 4:45 PM Open Discussion

## FRIDAY FEBRUARY 28 AND FRIDAY MAY 29, 2020

9:00 AM - 9:30 AM Opioid Use Guidelines 9:30 AM - 10:00 AM Tapering Strong Opioids

10:00 AM - 10:15 AM Open Discussion of Use of Opioids

10:15 AM - 10:30 AM Refreshment Break

10:30 AM - 11:30 AM Managing Pain Mechanisms

11:30 AM - 12:00 PM Low Back Pain

12:00 PM - 12:30 PM Lunch

12:30 PM -1:00 PM Open Discussion of Morning Topics

1:00 PM - 1:45 PM Neck Pain 1:45 PM -2:00 PM Open Discussion

2:00 PM—2:30 PM Chronic Fatigue and Sleep Disorders

2:30 PM - 2:45 PM Open Discussion

2:45 PM—3:00 PM Break

3:00 PM—4:00 PM Multidisciplinary/Interdisciplinary Pain Management 4:00 PM - 4:30 PM Open Discussion of Multidisciplinary and Days Topics

# PROGRAM, Continued

# SATURDAY FEBRUARY 29 AND SATURDAY MAY 30, 2020

9:00 AM - 9:30 AM Neuralgia and Hyperalgesia

9:30 AM - 10:00 AM Standardized Pain Measures in Neuropathic Pain

10:00 AM - 10:15 AM Open Discussion of Neuralgia

10:15 AM - 10:30 AM Refreshment Break
10:30 AM - 11:00 AM CNS Pain Mechanisms
11:00 AM - 11:15 AM Open Discussion
11:15 AM - 11:45 AM Chronic Headache
11:45 AM - 12:00 PM Open Discussion

12:00 PM - 12:30 PM Lunch

12:30 PM -1:00 PM Open Discussion of Morning Topics

1:00 PM - 1:30 PM Opioid Dependency: Using Methadone and Suboxone

1:30 PM - 2:00 PM Cannabis As "Medicine"

2:00 PM - 2:30 PM Complex Regional Pain Syndrome

2:30 PM - 2:45 PM Open Discussion
2:45 PM - 3:00 PM Refreshment Break
3:00 PM - 3:45 PM Interventional Treatment

3:45 PM - 4:00 PM Open Discussion

4:00 PM—5:00 PM CAPM Exam Based on Content of Three Course Days



# CREDENTIALING COURSE—2020 REGISTRATION FORM—BY MAIL, FAX, ONLINE

# ATTENDEE INFORMATION

To Register Online:	https://	/eis.eventsair.com/c	apm-course-2020/c	apmcourse2020

Select one: (Please circle) Dr. M	lr. Mrs. Ms.					
Name: First	Last					
Organization:						
Address:						
City:		ral Code:				
Telephone:	Fax:					
Email:						
(Please print clearly)						
Dietary Restrictions or Allergies:						
COURSE FEES						
To choose your fee—first choose the categ which day(s). Add in exam fee. Total in the complete the payment information. If you can choose Feb 27 or Feb 28 or May 28 or Feb 29 or May 30.	e right side column. Add in member are taking the full course the full	ership fee if joining now. Add HST and course fee applies. If taking one day, you				
CATEGORY—You must be a member to ta	ake this course, so all fees are me	ember fees. REQUIREMENTS				
Regular Fee         Onsite Fee         STUDENT Regular           To Feb 19         Feb 20-Feb 29         Fee           & May 23-May 30         To Feb 19 8 May 22         To Feb 19 8 May 22	Onsite         FEE           Fee         Student fee					
	May 23—May 30 include exam	fee and will participate in the exa  2. I am sending proof of				
FULL COURSE FEES		current licensure or				
\$450.00 \$550.00 \$210.00	\$310.00 \$200.00	regulatory body				
1 DAY FEES—Choose: Feb 27 or Feb 28 or Ma	ay 28 or May 29 Note: No option for e	3. I am sending docu-				
\$150.00   \$250.00   \$70.00	\$90.00 \$200.00	academic degree or diploma				
CIRCLE YOUR DAY FOR ONE DAY REGIST	RATION: Feb 27, Feb 28, May 28 o	relevant to pain practice  4. I am sending my CV				
MEMBERSHIP—You must be a CAPM member. Use this space to join now.  via email demonstrating 2 or more years of active clinical						
I want to join now as a CAPM member  You must be a member to participate on the course. HST not Included.  Regular Member: \$200.00 (Jan 1—Dec 31, 2019)  Student: \$25.00 (Jan 1—Dec 31, 2019)  practice in pain managem  5. I am sending 3 letters via email of reference from colleagues support pain management service						
SUBTOTAL: (Course fee, exam fee & mem	bership fee if applicable)	*				
Add 13% HST (#859733529R T0001)		\$ \$				
TOTAL:		<b>&gt;</b>				
PAYMENT						
CREDIT CARD: UISA MAREgister by Fax to: 1-905-404-3727  Number:	astercard 🗖 amex					
Exp:CVN:						
Name on Card:						
Signature:						
CHEQUE: Payable to Canadian Academy	of Pain Management (include th	e registration form).				

QUESTIONS: CAPM Office—Krista Hook—T: 905-404-9545, office@canadianapm.com