

# COURSE DESCRIPTIONS & INSTRUCTIONAL OBJECTIVES

Pain and suffering are the principle reasons that individuals seek health care service. The 13th Annual Clinical Meeting of the American Academy of Pain Management provides an opportunity for pain management clinicians of all disciplines to network with colleagues and to learn pain management techniques from highly competent interdisciplinary pain practitioners. Problem solving scenarios and case presentations combined with shared personal experience are a winning combination.

This Annual Clinical Meeting will assist participants with discussions on business planning, marketing, treatment techniques, and outcomes measurement. By attending this Annual Clinical Meeting you will learn what it takes to organize and maintain an effective multidisciplinary pain management program, effectively treat pain patients, work with carriers, and remain viable during the social transformation occurring within health care.

## THURSDAY, SEPTEMBER 26, 2002 Pre-Meeting Seminars

### **Hypnosis for Beginners** - Jan M. Burte, PhD; Steven Mann, PhD

Hypnosis helps acute and chronic pain patients mediate or eliminate pain, reframe consequent emotions, and develop adaptive functioning. Introductory level inductions and suggestions for clinicians with little or no experience with hypnosis for pain.

#### *Objectives:*

- 1) To learn basic hypnotic inductions and suggestions for pain control;
- 2) To provide overview of areas where hypnosis is applicable for pain control.

### **Pain Processing: The Afferent System (Part I & II)**

James Giordano, PhD

Detailed examination of the anatomic, physiologic, biochemical and molecular substances that subserve type I, II and III pain, with emphasis upon those processes relevant to appreciating clinical presentation of the pain patient.

#### *Objectives:*

- 1) Define the neuroanatomic substrates of pain processing;
- 2) Be familiar with neurochemistry of the nociceptive neuraxis;
- 3) Appreciate putative molecular changes' influence on physiology;
- 4) Relate these factors to clinical scenarios applicable to the pain patient.



### **Influences of Shoulder Dysfunction on Head and Neck Pain, Part I - An Atlas Orthogonal Chiropractic Approach**

Francesca M. Russo, DC; Victoria L. Magown, CMTPT;  
George S. Pellegrino, CMTPT

Understanding the role C1 Plays in head, neck and shoulder pain. Correcting C1 dysfunction using Atlas Orthogonal Chiropractic achieves greater success in relieving head, neck and shoulder pain.

#### *Objectives:*

- 1) Understand the role of Atlas Orthogonal Chiropractic in treating C1 dysfunction;
- 2) Discussion of how Atlas Orthogonal Chiropractic is different from traditional chiropractic;
- 3) Review neurological, osseous and muscle anatomy;
- 4) Multidisciplinary approach to understanding method of evaluation for patient referral to Atlas Orthogonal Chiropractic.

### **Overview of the History and Background (Including Scientific Background) of the Use of Botulinum Toxin Type A & B**

K. Roger Aoki, PhD

This course will provide the attendee with an understanding of the mechanism of intramuscular botulinum toxin (BTX) therapy. Included in the course is a discussion on proposed mechanisms of pain relief with BTX.

#### *Objectives:*

- 1) Botulinum toxin mechanism of local temporary cholinergic denervation;
- 2) Understand the potential, non-muscle, mechanisms of botulinum toxin of pain;
- 3) Understand the pharmacology and safety of botulinum toxin serotype A compared with serotype B.

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## **Ericksonian Inductions & Past Life Regression Hypnotherapy**

*Jan M. Burte, PhD; Steven Mann, PhD*

Past Life Regression Therapy is an innovative albeit controversial approach to pain management. The etiological basis of psychogenic pain is explored by applying Ericksonian Inductions in helping patients understand and release pain via past life memories.

### **Objectives:**

1) To present basic understanding of Past Life Regression Therapy; 2) To demonstrate a past life regression induction and experience.

## **Influences of Shoulder Dysfunction on Head and Neck Pain, Part II - A Myofascial Approach**

*Victoria L. Magown, CMTPT; George S. Pellegrino, CMTPT*

Addressing a dysfunctional shoulder as part of a complete treatment protocol for head and neck pain. Inactivating shoulder girdle trigger points in conjunction with correcting C-1 dysfunction achieves greater efficacy in the relief of head and neck pain.

### **Objectives:**

1) Learn pain patterns of involved muscles; 2) Learn precipitating/perpetuating factors; 3) Demonstrate evaluation and treatment employing manual techniques; 4) Demonstrate the Rehabilitation Exercise Program.

## **Botulinum Toxins for Myofascial Pain and Headache**

*Amy Lang, MD*

Comparative overview of the Botulinum Toxin Serotypes; Treatment of myofascial pain and headache with Botulinum Toxin Type A; and Emerging concepts in headache prophylaxis: Botulinum Toxin Type A

### **Objectives:**

1) Identify patients who may benefit from botulinum toxin injection for pain management; 2) Understand how to select the muscles and doses for optimal treatment with botulinum toxin type A; 3) Identify the technical aspects of the injection of botulinum toxin type A.

## **Quieting the Pain: Retraining Muscle and Brain**

*Steven Mann, PhD*

This course will present specific combinations of simultaneous verbal and gentle manual repositioning of the patient, achieving pain reduction through neuromotor re-education and hypnotic induction.

### **Objectives:**

1) Participants will learn verbal techniques that enhance pain reduction; 2) Participants will learn five somatic techniques; 3) Participants will be trained to recognize scope of practice issues in expanding their clinical practice protocols.

## **Analgesia/Pain Modulation: The Efferent System (Part I & II)**

*James Giordano, PhD*

In-depth presentation of anatomic, physiologic, chemical and behavioral processes involved in pain modulation. Neural and endocrine substrates of the analgesic system will be examined with emphasis upon those mechanisms that may represent viable targets for pain therapeutics.

### **Objectives:**

1) Understand the pain modulatory neuraxis; 2) Be familiar with chemical processes of modulation within the peripheral and central nervous system; 3) Understand how these factors may be utilized to facilitate more effective therapies for pain syndromes.

## **The Foot to Head Connection - Paula L. Gilchrist, LPT, DPM**

This lecture will demonstrate the Biomechanical link of foot balance to the rest of the body. Attention to the function of the subtalar joint will be emphasized.

### **Objectives:**

1) Understand motion of the foot as it relates to the body; 2) Understand different foot types and their implications; 3) Understand several common overuse syndromes.

## **The Use of the Botulinum Toxins for Neuropathic and Low Back Pain - Charles Argoff, MD**

Emerging issues in the use of the Botulinum Toxins have included a number of clinical conditions, including low back pain and neuropathic pain. Past studies, mechanisms of action of the botulinum toxins an review of current data will be discussed.

### **Objectives:**

1) To inform the participant of the availability of Botulinum Toxins; 2) To inform the participant of the role of Botulinum Toxins in the management of low back pain; 3) To inform the participant of the role of Botulinum Toxins in the management of neuropathic pain.

## **Hypnosis and Guided Imagery for Chronic Pain**

*David E. Bresler, PhD, LAc*

Dr. Bresler will discuss the relationship between hypnosis and guided imagery and how suggestive techniques can be used to enhance the ability to cope with pain. He will also discuss how EMDR can be used to "de-hypnotize" trauma.

### **Objectives:**

1) To distinguish hypnosis and guided imagery; 2) To explore how various suggestive techniques can be used to enhance pain tolerance; 3) To utilize interactive imagery and EMDR to "de-hypnotize" trauma.

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## **Mechanisms of Muscular Pain** - *Thomas Watson, MEd, PT*

Why muscles hurt or do they?

*Objectives:*

1) Learn five reasons for muscle pain; 2) Learn causes of muscle pain - basic physiology; 3) Learn ways to alleviate the pain.

## **Headache Management With Botulinum Toxins**

*Brian J. Freund, MD*

The role of BTX-A in the management of migraine, tension headache, cervicogenic headache and cluster headache will be examined. A review of the current literature will be presented and discussed. Injection techniques will be presented.

*Objectives:*

1) To allow attendees to critically evaluate the role of BTX-A in headache management; 2) To introduce injection techniques and protocols suitable for treating painful conditions of the face and pericranium.

## **Hypnosis for Treating Severe Emotional and/or Physical**

**Trauma** - *Jan M. Burté, PhD; Steven Mann, PhD*

Case discussion and presentation of the utilization of hypnosis (in actual cases) in the treatment of 9/11/02 World Trade Center survivors and rescue personnel.

*Objectives:*

1) Through case presentation, teach actual WTC treatment utilizing hypnosis as part of the complete treatment of approach; 2) Comparison of trauma presented by civilian victims and trained rescue personnel.

## **Supra-Cervical Imaging** - *Jonathan Kleefeld, MD*

This lecture will focus on an array of pathology that may be associated with headaches, emphasizing vascular and neoplastic processes. The complementary role of MRI and CT scanning will be illustrated.

*Objectives:*

1) Briefly describe protocols for CT and MRI scanning of the head; 2) Provider illustrations of pathology associated with headache; 3) Illustrate the complementary roles of CT and MRI scanning.

## **Intensive Training on Trigger Point & Myofascial Therapy (Part I & II)** - *Dimitrios Kostopoulos, PT, PhD*

This course will review the most recent studies regarding the histopathology of trigger points and theories regarding referred pain patterns. Participants will examine assessment criteria for trigger point identification, including a brief lab session to identify these criteria. A comprehensive therapeutic approach for the examination, evaluation, and treatment of myofascial pain and

musculoskeletal dysfunction will be introduced. This integrative approach is influenced by the trigger point and myofascial teachings of Doctors Travell and Simons and by Dr. Janda's proprioceptive concept in systematic, comprehensive, and unique manner. Myofascial diagnosis and differential diagnosis is an important component of this presentation. The participants will be exposed to advanced examination, evaluation, and intervention techniques of cervical and lumbar spine pathology.

*Objectives:*

Upon completion of this course, the participants will be able to: 1) Describe the genesis of myofascial pain; 2) Identify the assessment and intervention techniques of myofascial dysfunction; 3) Recognize the mechanism of cervical and lumbar pathology due to myofascial trigger points; 4) Practice various criteria for identification of myofascial trigger points; 5) Understand how to create myofascial intervention protocols, which include trigger point therapy, myofascial stretching exercises, muscle strengthening programs, and proprioceptive training.

## **The Role of Botulinum Toxins in Temporomandibular Disorders & Whiplash Associated Disorders**

*Brian J. Freund, MD; Marvin Schwartz, BSc, DDS, MSc*

Myofascial pain in the head and neck region encompasses many disciplines. The assessment and treatment of temporomandibular disorders (TMD) is an integral part. The pathophysiology and treatment of TMD's are covered, with emphasis on the latest advances in Botulinum toxin therapy. The role of BTX-A in whiplash as a diagnostic and therapeutic tool will be discussed.

*Objectives:*

1) A review of TMD's; 2) The evidence for Botulinum Toxin therapy for TMD; 3) Botulinum treatment techniques; 4) New understanding of Botulinum Toxin activity in myofascial pain; 5) Discuss pathophysiologic mechanisms of WAD; 6) Review evidence for use of BTX-A in WAD.

## **Stress, Gender Psychological Connections and Facial Pain**

*Joseph "Rich" Cohen, DDS*

In this presentation, Dr. Cohen will explore the relationship of facial pain to gender and stress, and help clarify the inter-relationship of the different pain conditions in the trigeminal system.

*Objectives:*

Familiarize audience with: 1) The relationship of facial pain to gender and stress; 2) The inter-relationship between different facial pain conditions through the trigeminal nucleus caudalis; 3) Differential diagnosis of facial pain; 4) Common treatments.

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## **Infra-Cervical Imaging** - Jonathan Kleefeld, MD

This lecture will focus on degenerative spine disease with additional pathological illustrations that can clinically mimic this class of disorders.

### **Objectives:**

1) Illustrate range of pathology associate with degenerative spine disease; 2) Show other pathology that can clinically mimic degenerative spine disease; 3) Emphasize the complementary roles of MRI and CT.

## **Injection Techniques Using BTX-A in Pain Management**

Martin K. Childers, MD, PhD

This lecture will describe rationales for using three distinct clinical injection techniques to deliver BTX-A for painful conditions. The techniques include electromyography (to localize skeletal muscle, or identify a particular muscle within a defined anatomical area), motor point stimulation (to identify motor nerve branches); and anatomic localization (to find painful areas based upon palpation). Clinical and basic science data will be presented to support or refute each technique.

### **Objectives:**

At the end of this lecture, participants should be able to: 1) Identify three distinct clinical injection procedures available to deliver BTX-A for the treatment of painful conditions; 2) Describe advantages/disadvantages for each injection method; and 3) Discuss data to support or refute the advantage of any one particular injection method.

## **Renewing Our Commitment to Multidisciplinary Pain Management** - Kathryn A. Weiner, PhD

The time has come to renew our commitment to multidisciplinary pain management, as chronic pain remains a complex puzzle. No single health care discipline holds the key to solve the puzzle. Rather, each discipline brings a piece of the puzzle to the table. Working together in multidisciplinary teams, we can offer chronic pain sufferers effective pain management.

### **Objectives:**

1) The learner will be reintroduced to the importance of multidisciplinary pain management. 2) The learner will be able to define multidisciplinary pain management. 3) The learner will be able to name five reasons why multidisciplinary teams are effective for pain management. 4) The learner will be demonstrate a renewed commitment to working in multidisciplinary pain management teams.

## **American Pain Foundation** - John D. Giglio, MA, JD

An introduction to the American Pain Foundation, the nation's largest consumer-based pain advocacy organization, and a quick overview of recent federal activities that will have an impact on pain management.

### **Objectives:**

1) Educate participants on the consumer-focused resources, services and materials the American Pain Foundation has available for free; 2) Update participants on recent and relevant federal legislative and regulatory activities that could positively or negatively affect pain management.

## **FRIDAY, SEPTEMBER 27, 2002**

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## **QiGong Healing Exercises and Meditation** - Linda Hole, MD

Do you have pain, stress, burnout? Free you body. Free you spirit and discover for yourself the healing power of QiGong breathing and stretching exercises.

### **Objectives:**

1) Learn how to activate, sense, feel, free, and "move" Qi; 2) Replace fatigue, stress and pain with greater vitality, "enerQi", and joy; 3) Experience for yourself the healing of Qi, and five element meditation; 4) Revitalize, refresh, and renew your body, mind and spirit.

## **How Do We Create Life? Can We Change What We Are Creating?** - Carol Lovejoy

Emerson stated, "What you are speaks so loudly I can not hear what you are saying." As a medical intuitive, I see what speaks so loudly within you. I will guide you through a visioning exercise where you will see and change patterns to experience your highest good. Come learn about your inner self and the tools to promote change.

### **Objectives:**

1) Learn to see and feel your own energy field; 2) Learn about the law of the universe to create the good you choose to experience; 3) Discuss how an individual can shift from disease to wholeness.

## **Spiritual Issues** - Myrna Tashner, EdD

Spiritual is part of our state of being: body-mind-spirit. An absence of the spirituality leads to being out of balance and harmony with some potential and interesting consequences in pain management.

### **Objectives:**

1) Participant will take one new idea away; 2) Participant will enjoy some part of the experience; 3) Participant will learn how spiritual issues impact pain management.

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## **History and Epidemiology of Lumbar Pain**

*John Porter, MD*

The history of treatment for lumbar pain dates well back to the dawn of time. The evolution in the treatment over the last decade shows promise for exciting break through in lumbar pain control.

*Objectives:*

1) Describe treatment options for lumbar pain; 2) Review the Epidemiology lumbar pain; 3) Familiarize the audience in multiple treatment options for low back pain; 4) Demonstrate physical and psychological factors causing lumbar pain.

## **Botanical Roots of Modern Medications**

*Rick Marinelli, ND, MAcOM*

This course will demonstrate that many effective pharmaceutical preparations are directly derived from plant substances. The historical and modern use will be discussed with insights to future drugs.

*Objectives:*

1) To inform of the diversity of the herbal pharmaco-poiea; 2) To present research on the efficacy of herbal drugs; 3) To demonstrate novel uses of standard doses of herbal drugs.

## **The Importance of Hormones (Part I & II)**

*Maria Sulindro, MD*

The actions of the various hormones, especially those concerned with slowing pain and the degeneration of aging, will be discussed with reference to their clinical indications, laboratory values and dosages.

*Objectives:*

1) Explore the actions of the various hormones; 2) Learn about the most beneficial hormones in an anti-aging and pain management setting; 3) What are the results, benefits, clinical and laboratory findings to be considered?

## **The Good, The Bad and The Ugly - Thomas J. Romano, MD, PhD**

Different painful conditions will be presented. "The Good" are represented by conditions that are mainly painful and not systemic. "The Bad" are illustrated by systemic conditions which often present with pain. "The Ugly" are systemic conditions that not only are painful but also may be fatal or worse.

*Objectives:*

1) To help the participant evaluate a patient's pain, possibly a part of a bigger problem; 2) To allow the participant to recognize various rheumatic syndromes which often present with pain; 3) To help the participant recognize potentially fatal conditions; 4) To discuss the various treatment modalities which are not only designed to control pain, but also to control the underlying pathological process.

## **Application of SEPs for the Diagnosis of Lumbar Pain**

*David M. Glick, DC*

The use of somatosensory evoked potentials (SEPs) for the differential diagnosis of lumbar pain will be presented. A brief introduction to the history, physiology and literature associated with the recording of SEPS will be reviewed. Methods of tailoring the study to the clinical requirements of the patient, as well as correlating SEP abnormalities with lumbar pathologies will be discussed. Determination of interventional treatments based upon SEP abnormalities will be proposed.

*Objectives:*

1) Review the physiologic basis and technique for the recording of SEPs; 2) Become familiar with view relating to clinical use of SEPs expressed in published literature; 3) Be able to structure a study according to clinical objectives and correlate SEP abnormalities with various lumbar pathologies; 4) Understand the role of SEP abnormalities when considering treatment options.

## **Non-steroidal Anti-inflammatory Agents**

*Robert L. Barkin, PharmD, MBA*

An overview of Non-steroidal Anti-inflammatory Agents, MOA's, SIG's, ADR's, cautions, Pharmacokinetics, Pharmacodynamics, Pharmacotherapeutics, drug interactions, dosing in special populations, a special focus upon Cox II Agents, which agent, which patient and why: Making patient specific choices.

*Objectives:*

1) To be able to describe the MOA's of NSAIDS; 2) To be able to discriminate among the Cox II Agents; 3) To be able to determine at risk patients for GI hepatic and Renal events; 4) To be able to create patient specific treatment plans utilizing for preop, periop, postop, and acute/chronic use.

## **Phantom Limb Pain & CRPS**

*Michael K. Perry, CRNA, PhD, DAAPM*

Phantom limb pain and CRPS are debilitating and chronic pain states which require aggressive treatment. This presentation addresses various treatment modalities.

*Objectives:*

1) Define phantom limb and CRPS pain; 2) Preventative measures prior to surgery for phantom limb pain; 3) Treatments for both syndromes.

## **Pharmacology of Lumbar Pain - Michael Loes, MD**

This session will review the long and short of the best and worst options.

*Objectives:*

1) Review opioids; 2) Neuropathic agents; 3) Alpha blockers; 4) Anti-Depressants

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## **Anesthetic Agents** - Mark Boswell, MD, PhD

Local anesthetic injections may provide pain relief and help with diagnosis. Oral and topical local anesthetics may be useful for neuropathic pain. This lecture will review local anesthetic pharmacology and clinical applications.

### **Objectives:**

The participants will be able to: 1) Name two types of local anesthetics; 2) Describe two classic symptoms of toxicity; 3) List two clinical applications of local anesthetics.

## **Preventing Migraine Headaches, Depression & Insomnia**

John A. Allocca, ScD, PhD, CCN

The course will demonstrate a biochemical model of the mechanisms of migraine headaches. The course will include background, symptoms and signs, main causes, etiology, allergy, and treatment.

### **Objectives:**

1) Learn the biomechanical mechanisms of migraine headaches; 2) Learn to prevent migraine headaches.

## **Axiologic Disorders and the Relief of Suffering in**

**Chronic Pain** - Richard Materson, MD

All pain practitioners have experienced patients who seem to “ail” or “suffer” with profound functional and life quality loss seeming refractory to standard treatment. This lecture introduces the concept of “axiology” and its use in diagnosing and effectively treating this syndrome.

### **Objectives:**

1) Define “axiology”; 2) Describe a “peak experience”; 3) List symptoms of a progressive axiologic disorders; 4) Enumerate the steps of “axiologic” therapies; 5) Discuss measures to institute “axiologic” programs.

## **Maximizing the Effectiveness of Psychology in a Multidisciplinary Pain Program**

- Catherine O'Connell, PhD

Psychosocial intervention is an important aspect of multidisciplinary treatment of pain. This presentation focuses on the ways psychologists can maximize effectiveness in both direct patient care and in interaction with other members of the treatment team.

### **Objectives:**

1) Discuss the variety of roles psychologists can fill in multidisciplinary treatment of pain; 2) Clarify the goals of psychosocial intervention with varying patient populations; 3) Identify opportunities for communication, co-treatment and care coordination with all members of the treatment team.

## **Psychotropic (Adjuvant) Medications** - John Warren, PharmD

Psychotropic medication use as an adjunct to pain management.

### **Objectives:**

Participants will be able to: 1) List common psychotropic medications used in pain management; 2) Describe the rationale for the use of psychotropic medications in pain management; 3) Cautions in using psychotropic medications for pain management.

## **Preparing for Medicolegal Opinion Treatment Justification Reimbursement**

- Christopher Brown, DDS, MPS ; Belinda Volz

A step by step process will be presented for establishing a medicolegal opinions on trauma causation, evidence gathering, and objectively presenting to third party payers for fair reimbursement of services rendered. Special emphasis will be placed on a non- insurance approach to treatment reimbursement.

### **Objectives:**

1) Integrate multidisciplinary approach to diagnosis and treatment of pain; 2) Integration of multiple approach of facial pain.

## **Cryptic Infections Causing Pain** - Alan P. Hudson, PhD

In this talk, participants will be introduced to new ideas and research information relating to the etiologies of several chronic diseases, many of which cause significant pain in the individual suffering the disease.

### **Objectives:**

1) Introduce new data and ideas concerning etiologies of chronic disease; 2) Discuss relevance of those data and ideas to pain management; 3) Discuss implications of data and ideas for treatment of the relevant diseases.

## **Anesthesia & Procedures** - Mark Boswell, MD, PhD

Interventional pain management procedures are effective for chronic back pain. This lecture will review techniques and results for transforaminal epidural lysis of adhesions, lumbar facet nerve injections, and radiofrequency neurolysis.

### **Objectives:**

The participant will be able to: 1) Describe the evidence radiofrequency neurolysis of lumbar facet nerves; 2) Review the efficacy of epidural steroid injections; 3) Recognize the difference between translaminar and transforaminal epidural injections; 4) Discuss the pros and cons of epidural lysis of adhesions.

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## **Centrally Acting Analgesics and Opioids**

*Robert L. Barkin, PharmD, MBA*

An overview of the MOA, S/E's, ADR's, Drugs interaction cautions, contraindications, pharmacokinetics, pharmacodynamics, pharmacotherapeutics of Opiates/Opioids, and tramadol/tramadol APAP, recognition of the Opiate seeking patients and treating pain in the elderly. Clinical pearls of Opiate prescribing; Tramadol/APAP application in acute and chronic pain states: Prescribing in specific populations.

### **Objectives:**

1) To be able to describe the MOA of Tramadol/APAP and Opiates; 2) To be able to describe the pharmacokinetic, pharmacodynamics, pharmacotherapeutic differences among the opiates/opioids; 3) To be able to make patient specific treatment plans with Tramadol/APAP and Opiates; 4) To be able to identify patients with a focus on satisfying their substance abuse needs; 5) To effectively manage the elderly patient with pain complaints.

## **Preventing Carpal Tunnel Syndrome - A. Daniel Gutierrez, DC**

Presenting symptoms, examination and diagnostic differentiators for carpal tunnel syndrome (CTS). Treatment including manipulation of the spine and extremity, acupuncture, nutrition, rehab, postural and ergonomic considerations with an emphasis on prevention.

### **Objectives:**

1) Recognize classical symptoms, examination findings and differential diagnosis for CTS; 2) Identify postural and ergonomic risk factors of CTS; 3) Facilitate the attendees knowledge of the tools needed to perform postural evaluations to identify patients at risk for CTS and a recommended prevention plan.

## **Controlling Spinal Pain with Manual Therapy**

*Anthony B. Morovati, DC*

This course will cover manipulation of the spine in it's many forms in an effort to document the relationship to segmental dysfunction, biomechanical dysfunction, and neurological dysfunction in assessment and treatment of vertebral motion unit pain.

### **Objectives:**

1) To discuss the various pain generating causes of vertebral dysfunction; 2) To discuss the various techniques used to reduce segmental pain; 3) To discuss the importance of manipulation and the field of pain management; 4) To discuss the future of advanced manipulative techniques and the relationship to inclusion in pain management.

## **Evolving Methodology in Treating Discogenic Back Pain by Selective Endoscopic Discectomy™ - Anthony Yeung, MD**

This lecture will discuss minimally invasive techniques in the lumbar spine as an evolving method that will be part of modern spine surgery. Selective endoscopic discectomy™ and thermal annuloplasty is utilized as an alternative to fusion.

### **Objectives:**

1) Identify patients with discogenic back pain who are candidates for SED™; 2) Determine the ideal conditions for SED™; 3) See and learn about microanatomy in the foramen; 4) Learn the efficacy of endoscopic surgery.

## **The Role of Morphine in Age and Gender Differences in Responses to Morphine - Anna Ratka, PhD, PharmD**

Presentation of age and gender specific differences in response to morphine. Correlation of endogenously formed morphine glucuronides with morphine analgesia and levels of gonadal steroids.

### **Objectives:**

1) Review the pharmacology of morphine glucuronides; 2) Present age and gender differences in formation of morphine glucuronides; 3) Discuss the role of gonadal steroids in glucuronidation of morphine; 4) Discuss correlations between morphine glucuronides and differences in responses to morphine.

## **Preventing Lawsuits and Meeting Patient Expectations**

*Barbara L. Kornblau, OT, JD*

This course looks at a variety of lawsuits pain practitioners can face, should one fall short of the patient's expectations and techniques to use to avoid lawsuits.

### **Objectives:**

At the end of this session, participants will be able: 1) Incorporate good practice techniques to avoid malpractice lawsuits; 2) Explain the types of lawsuits a pain practitioner might face; 3) Explain how to avoid a variety of lawsuits.

## **Treating Patients with Known Substance Abuse**

*Howard A. Heit, MD*

Those attending this presentation will learn the clinical approach, through a case history, of how to evaluate, treat, and follow a chronic pain patient who also has the disease of addiction.

### **Objectives:**

After attending this presentation, participants should be able to: 1) Appreciate how prescription medications are diverted or abused; 2) Define such terms as addiction, dependence and tolerance; 3) Understand who is at risk of addiction with opioid treatment of pain; 4) Evaluate and treat a chronic pain patient with the disease of addiction.

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## **Can Chronic Pain Be Prevented?** - Neil Nathan, MD

A recently completed study of injured workers suggests that an aggressive treatment approach for spinal, neck and shoulder pain may prevent most chronic pain and recurrences of pain and results in a more rapid return to regular work duties. Details will be provided.

### **Objectives:**

Participants will be able to: 1) Understand the rationale behind current treatment recommendations for acute low back pain; 2) Distinguish the different causes of low back pain to provide more specific treatment; 3) Distinguish specific treatment modalities for specific causes of low back pain; 4) Understand a new model of treatment for acute low back pain.

## **Benefits and Shortcomings of Treating Pain with AEDs (Antiepileptic Drugs)** - Michael John McLean, MD, PhD

Dr. McLean will provide a detailed overview of the translation of the results of clinical research conducted with the anticonvulsants and their involvement with the treatment of neuropathic pain.

The symposium will start with a broad overview of the functional anatomy of pain pathways, and the pharmacology of anticonvulsants. Ways to improve current treatment practices in order to improve tolerance, and reduce the chances of drug-drug interactions will be discussed. Finally, new evidence revealing potential treatment targets will be reviewed.

### **Objectives:**

At the conclusion of this meeting, participants should be able to: 1) Review the pathophysiology of neuropathic pain; 2) Discuss the multiple mechanisms of action of antiepileptics, and their potential targets along nociceptive pathways; 3) Analyze the results of clinical trials involving the use of antiepileptics in the treatment of neuropathic pain, and their implications; 4) Discuss possible explanations for treatment of failure, or inadequate relief obtained in the treatment of neuropathic pain; 5) Identify ways of improving patient tolerability of existing antiepileptics agents, and novel treatment targets for future research.

## **SATURDAY, SEPTEMBER 28, 2002**

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### **Primer of Chinese Meridians** - W. John Diamond, MD

In the system of acupuncture, meridians provide a complex network of distribution and communication between area of the body and the organs. Knowledge of this system is essential to understanding acupuncture.

### **Objectives:**

1) Familiarize with the meridian network; 2) Understanding the

relationship of meridian with treatment and patient assessment; 3) Explore the meridian system from a myofascial and neurological perspective.

### **Documentation of Survival** - Barbara L. Kornblau, OT, JD

This course looks at documentation for survival from a legal, regulatory and best practice perspective. Attendees will learn practical perspective. Attendees will learn practical hands-on tips to incorporate into their own practices.

### **Objectives:**

At the end of this session, participants will be able to: 1) List five legal requirements of documentation; 2) Identify five key do's and don'ts of documentation; 3) Articulate five regulatory requirements of documentation.

### **Tai Chi Chuan Exercises**

Iva Lim Peck, RN, LAc; Richard Peck, LAc, MBA

Tai Chi Chuan is a slow graceful exercise that can be learned by anyone. It is very useful for pain management and rehabilitation. Join the group and learn first hand how to practice this beautiful and pain reducing art.

### **Objectives:**

1) Learn the history of Tai Chi Chuan; 2) Learn the movements of the 24 step Tai Chi Chuan; 3) How to find a qualified instructor.

### **Progress in Neurobiology Related to Cannabinoids**

John McPortland, DO, MS

Review the molecular pharmacology of nociception and pain. Illustrate how cannabinoids modulate pain signal transduction pathways.

### **Objectives:**

1) Recognize the neurotransmitters involved with pain; 2) Understand how cannabinoid receptors co-localize with other neurotransmitter receptors; 3) Describe non-receptor-mediated effects of cannabinoids upon the prostaglandin cascade.

### **The Role of Hospice: Too Bad You Have to Die to Get Great Care** - John Peppin, DO

The Medicare Hospice benefit provides for a fully integrated system of care for patients with terminal illness who are imminently dying. This talk will highlight this benefit and discuss proper utilization of palliative care services.

### **Objectives:**

1) Describe the Medicare Hospice Benefit; 2) Understand basic referral guidelines for Hospice services; 3) Reflect on strategies for expanding Hospice care of patients with life limiting illness.



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## **Working With the Psychologically Defensive Patient**

*Brenda Klass, PhD, MFT, DACFE*

Understanding the resistance of the defensive chronic pain patient, using the anger and fear as a strength in lieu of a barrier to treatment.

### **Objectives:**

1) Increased knowledge and understanding of the dynamics of the defensive pain patient; 2) Processes of pain perception; 3) Pain reduction thru techniques of imagery, visualization; 4) Realistic behavioral goal setting.

## **Aroma Therapy: What's the Evidence?** - Alan R. Hirsch, MD

In this course, the scientific basis for the use of aromatherapy in pain control will be explored beginning with a review of olfactory neuroanatomy, with emphasis on olfactory-limbic interconnections. Theoretical psychological and neurophysiological mechanisms of actions of odorants will be presented. Studies supporting potential uses of aromatherapy in the treatment of migraine headaches and nonspecific pain syndromes will be reviewed.

### **Objectives:**

1) Learn the scientific basis behind aromatherapy; 2) Understand the potential utility of the use of aromatherapeutic agents in pain management.

## **Cannabis: From Raw Plant to Pharmaceutical**

*Ethan Russo, MD*

We will discuss the history of cannabis in pain management, its various components, and the steps necessary in growing and processing to produce a prescription medicine.

### **Objectives:**

1) Understanding the history of cannabis in pain management; 2) Understanding cannabis components; 3) Understanding cannabis processing; 4) Understanding cannabis as a prescription product.

## **Cultural Aspects of Healthcare at the End of Life**

*Samira K. Beckwith, LCSW, CHE*

Excellence in end-of-life care must include cultural competence and awareness. This workshop explores issues regarding the impact of culture, religion, and beliefs on illness and care.

### **Objectives:**

1) Define culture and belief systems; 2) Identify culture and belief systems and how they impact the individual and family; 3) Provide practical interventions to develop culture competency.

## **Problems Associated With the Treatment of Characterologically Disturbed Patients Suffering From Chronic Pain**

*Michael Schatman, PhD*

This course will examine the relationship between chronic pain and severe characterological disturbances, along with strategies for managing those patients whose personality pathology makes their treatment even more challenging.

### **Objectives:**

Participants will: 1) Understand the relationship between chronic pain and Cluster B Personality Disorders; 2) Learn about problems associated with treating these patients in an interdisciplinary pain management clinic; 3) Discuss strategies for dealing with characterologically disturbed patients who are referred to them.

## **Auriculotherapy: What's the Evidence?**

*Raymond F. Sorensen, DO, FAOCA*

Auricular Therapy - What is it? How does it work?

### **Objectives:**

1) Develop an understanding about Auricular Therapy; 2) How it can help patients; 3) Possible treatment methods.

## **Trial Designs for Cannabinoids** - Philip Robson, MB.BS

Consideration of possible routes of administration for cannabis extracts. Presentation of some of the practical lessons learned from more than two years of cannabinoid clinical research in Oxford. Description of GWP's Advanced Dispensing System.

### **Objectives:**

1) Outline practical difficulties of administering cannabis extracts; 2) Encourage discussion of clinical trial design; 3) Explain the 'self-titration' approach to initiating treatment and the practicalities of home dosing; 4) Consider the clinical and research potential of electronic dispensing system.

## **Home Based Care: Can We Really Manage Pain?**

*Sandra Wright, RN*

This one hour presentation will address some of the most difficult cases seen by a rural hospice and how they were successfully managed by hi-tech/low tech intervention.

### **Objectives:**

Participants will be able to: 1) Learn three ways hospices manage hi tech pain management; 2) Discuss pain vs. suffering as seen in home-based care; 3) Discover why hospices are exceptional at pain management.

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## **Nature and Etiology of the Neuropsychological Sequelae of Whiplash** - Edward A. Maitz, PhD

There is considerable controversy regarding the neuropsychological sequelae of whiplash. They have been attributed to brain damage, psychological disorders, and malingering. The presenter will review the research in this area.

### *Objectives:*

1) Provide an overview of the neuropathology of whiplash injury; 2) Discuss the common neuropsychological symptoms of whiplash injury; 3) Review research regarding the various explanations for these symptoms; 4) Provide an integrated model to account for persistent neuropsychological symptoms following whiplash injury.

## **The Role of Magnetic Therapy for Pain: What's the Evidence?**

Marko S. Markov, PhD

Magnetic fields have become a popular modality for treatment of pain. Various magnetic field devices are available for research and use. FDA concerns will be discussed, as well as safety issues.

### *Objectives:*

1) Historical and contemporary development; 2) Engineering, biophysics and clinical evaluation; 3) Safety and FDA regulation; 4) Recent studies (clinical) in the USA and abroad.

## **Results from Cannabis-Based Medical Extract**

William Notcutt, MD, ChB; Petra Makela, BSc, MBChB

Presentation of initial experiences with cannabis based medicinal extracts used sublingually for chronic pain. Results of double blind placebo controlled cross-over studies (N=1) and of ongoing long term evaluation.

### *Objectives:*

1) Clinical experience of medicinal cannabis; 2) Problems with study; 3) Long term usage of cannabis medicine.

## **Public Policy and Palliative Care at the End of Life**

Samira K. Beckwith, LCSW, CHE

There are greatly divergent views about the end-of-life care needs of individuals and the deficits in the care available. The resulting debate about appropriate public policy and care solutions will be discussed.

### *Objectives:*

Participants will be able to: 1) articulate key issues relating to end-of-life care; 2) Develop an appreciation for the care of dying patients; 3) Address health care professionals' roles in care of the patient at the end of life; 4) Understand issues surrounding end-of-life care.

## **Detection of Malingering and Secondary Gain Issues**

Blake Tearnan, PhD

Understanding the accuracy and honesty of patient self-report is critical in the assessment of patients in pain. Recent studies have shown the incidence of deception to be as high as 20% in some pain populations. Unfortunately, there are few guidelines or tools available for clinicians trying to unravel the truthfulness of patient self-report. The purpose of this talk will be to familiarize participants with the concept of deception analysis and to offer some tools for better understanding when and if patients deceive their pain-related symptoms. On-going research with the LAQ will be presented and familiar terms such as malingering and secondary gain will be defined and in some cases debunked.

### *Objectives:*

1) Define and discuss the concepts of malingering, deception, secondary gain and factitious disorder; 2) Describe the basics of deception analysis; 3) Familiarize participants with more accurate ways of detecting deception; 4) Familiarize participants with the LAQ.

## **Acupuncture: What's the Evidence?**

Misha R. Cohen, OMD, LAc

Acupuncture has been used for centuries to treat acute and chronic pain. Some recent studies show acupuncture's efficacy. In this lecture, we will review some of this evidence.

### *Objectives:*

1) Participants will be able to name three studies of acupuncture; 2) Participants will be able to name two physiological mechanisms by which acupuncture works for pain management; 3) Participants will be able to identify conditions for acupuncture referral.

## **Canadian Cannabis, Grants, Trials and Outcomes**

Mark Ware, BA, MBBS, MSc

A summary of research activity on the use of cannabis and cannabinoids in Canada.

### *Objectives:*

1) Summarize the Canadian Medical Marijuana Research Program; 2) Highlight issues related to clinical trials of smoked cannabis; 3) Explore rationale for uses of cannabinoids in pain management.

## **LIFE CHARMS: Living Intuitively, Finding Empathy with Compassion, Humor, Art, Recollection, Music and Spirituality** - Betty Butler, CMP, MAC

Discover universal insights that enhance life journey wisdom. Handouts encourage the curious care required treating souls.

### *Objectives:*

1) Define life opportunities, challenges and priorities; 2) Define

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universal insights and perspectives; 3) Encourage sensitivity of patient/clients' attitude toward illness as a blessing not a pathology; 4) Increase practitioners search for personal courage and development.

## **Utilizing Psychological for Methodologies for Better**

### **Patient Assessment** - *Lawrence Short, PhD*

This program focuses on the use of behavioral techniques in pain assessment. Included will be an overview of available techniques as well as a discussion of when such techniques might be useful and how resulting data might be reported.

#### **Objectives:**

- 1) Increase awareness of behavioral pain assessment techniques;
- 2) Learn options for use of such techniques; 3) Review options for reporting resulting assessment data.

## **Qi Happens: What's the Evidence?** - *Linda Hole, MD*

QiGong is a 5000 year old energy healing system from China, documented in worldwide clinical studies to be remarkably effective in pain relief. For many, Qi is the breath of God - deeply empowering and profoundly healing for both the practitioner and patient.

#### **Objectives:**

- 1) Experience for yourself Qi and Qi mind body spirit principles: love, laughter, hugs, centering, reframing, gratitude, "PMA", AAA awareness, accepting, allowing, etc.; 2) Review scientific literature documenting the efficacy of QiGong and KHT; 3) Learn to heal yourself and others with Qi tools you can apply immediately to your practice.

## **Current & Planned Trials**

*J. Hampton Atkinson, MD; Philip Robson, MD, MRCP*

*J. Hampton Atkinson, MD:* To describe the initiation of the first modern-day clinical trials into the possible usefulness of cannabis, products in the management of severe symptoms in conditions such as multiple sclerosis, AIDS and cancer.

*Philip Robson, MD, MRCP:* An overview will be presented of the current program of clinical research being organized by GW Pharmaceuticals in the fields of neuropathic pain of varying aetiology, neurogenic symptoms in multiple sclerosis, and inflammatory disorders.

#### **Objectives:**

- J. Hampton Atkinson, MD:* 1) To review the rationale underlying cannabinoid clinical trials; 2) To describe the University of California Center for Medicinal Cannabis Research (CMCR); 3) To review the design and implementation of early CMCR - sponsored clinical trials.

*Philip Robson, MD, MRCP:* 1) Broadening understanding of the

therapeutic potential of cannabis derivatives; 2) Encourage discussion of reliability and validity of available outcome measures; 3) Emphasize that randomized controlled trials are needed, but that anecdote should not be disregarded.

## **Palliative Care Services in ICU's: Unique Challenges**

*Marcia Levetown, MD, FAAP*

While palliative care and critical care are seemingly opposite in goals, they are not mutually exclusive. The fact that as many as 50% of deaths occur in ICU settings mandates concurrent palliative care.

#### **Objectives:**

- 1) The learner will become familiar with methods to demonstrate the need for ICU palliative care; 2) The learner will know simple, cost-efficient methods of providing palliative care; 3) The learner will know means of providing bereavement follow up for families of ICU patients.

## **Overlooked Diagnoses in Pain Patients** - *Nelson Hendler, MD*

This course will address methods of validating the complaint of pain, and assess the inaccuracies of MRI, CT, and EMG/NCV for diagnosing pain problems, correct diagnostic testing will be discussed.

#### **Objectives:**

- 1) Recognize a valid complaint of pain; 2) Know the normal psychological response to pain; 3) Diagnose commonly overlooked pain disorders; 4) Learn appropriate therapies.

## **Analyzing Evidence** - *Barry Fox, PhD*

An examination of the various types of studies used to gather and present medical evidence, their advantages and disadvantages, uses and relative weights.

#### **Objectives:**

- 1) Understand the various types of scientific studies, their pros and cons; 2) Learn the relative weights of each type of study; 3) Master the "Evidence Hierarchy".

## **How Come I Think I Do the Right Things and the DEA**

### **Hassles Me Anyway?** - *Gary Jay, MD; Charles Cichon*

*Dr. Gary Jay:* Debate regarding issues of narcotic prescribing and usage.

*Charles Cichon:* While the problems of abuse of illicit drugs are well known in the United States, the issues around the abuse of prescription medications which have been diverted from legitimate channels of distribution and use enjoy much less attention from consumers, law enforcement and the medical community.

#### **Objectives:**

- Dr. Gary Jay:* 1) To understand the DEA concerns regarding narcotic prescribing; 2) To understand how to protect yourself

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when prescribing narcotic medications.

*Charles Cichon:* 1) Physicians currently receive little, if any, training in the issues of medication diversion or what to watch for in order to not become a target of someone looking for prescriptions for addictive agents; 2) In each state the agency responsible for the education and monitoring of physician behavior around medications with abuse potential are varied, and the physician's lack of knowledge leave them nowhere to turn when they have questions about uncertain situations.

## **NMDA Mediated Central Sensitization and Opioid Analgesic Tolerance: Scientific Findings and Clinical Implications**

*Charles Argoff, MD; Gary J. Bennett, PhD*

This course will examine the roll of the NMDA receptor and excitatory neurotransmission in the development of central sensitization as well as of tolerance to opiate analgesics. Clinical implications of these findings including the role of NMDA receptor antagonists in pain management will be discussed.

*Objectives:*

1) To describe the role of the NMDA receptor in the development of central sensitization; 2) To describe the role of the NMDA receptor in the development of opiate analgesic tolerance; 3) To discuss the role of NMDA receptor antagonists in the management of acute and chronic pain.

## **SUNDAY, SEPTEMBER 29, 2002**

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### **Measuring Outcomes - Scott Raven, PhD**

This course will present the facets of measuring treatment outcomes from a patient's perspective. The National Pain Data Bank will be presented in detail as an example of a comprehensive instrument.

*Objectives:*

1) Introduce comprehensive measurement of treatment results; 2) Introduce the National Pain Data Bank as an example of comprehensive measurement.

### **Incorporating the Internet Into Your Practice**

*Rodger Pfingsten, MA*

This course provides the participant with an overview of the security issues involved within the office and web environments used in pain management and business technologies.

*Objectives:*

1) Discuss the three major threats to business system security; 2) Detail the seven principle steps required for Information System Safety.

### **If Children Hurt, Why Don't We Know It?**

*Marcia Levettown, MD, FAAP*

The fact that children can feel pain has been recognized for more than 20 years. The adverse consequences of untreated pain in children are increasingly clear. We will review the evidence regarding pediatric pain perception, short and long term consequences.

*Objectives:*

1) Review the anatomy and physiology of fetal, infant pain perception; 2) The learner will become aware of the adverse consequences of under- treatment of acute pain; 3) The learner will understand adverse consequences of untreated chronic pain in children; 4) The learner will become aware of barriers to pediatric pain management and will discuss means to overcome them.

### **Mechanisms Producing Neuropathic Pain**

*Jacob Green, MD, PhD*

Familiarization with anatomy and physiology of the autonomic nervous system and its role in complex regional pain syndromes.

*Objectives:*

1) Familiarize participants with recognizing autonomic nervous system function.

### **Biofeedback Strategies - Betty D. Anderson, RN**

Biofeedback strategies specifically related to stress/pain management to include EMG, temperature, peripheral vascular changes, heart rate, electro dermal response and respiration. Include discussion of stress responses related to chronic pain.

*Objectives:*

1) Understand the different modalities used in biofeedback learning as related to stress/pain management; 2) Understand the applications of the different types of biofeedback; 3) Encourage biofeedback strategies in the management of chronic pain; 4) Learn the types of conditions where biofeedback can be helpful.

### **Children and Pain Medications: A Pharmacist's View**

*Linda Norton, PharmD; Berit P. Gundersen, PharmD*

The risk and benefits of a variety of medications for pain management will be presented with a focus on dosing, monitoring, potential adverse reactions, interactions and synergistic effects.

*Objectives:*

Upon completion, participants will be able to: 1) Discuss the efficacy of selected medications in children; 2) List potential problems associated with pain medication in children; 3) Describe appropriate monitoring of the use of pain medications in children.

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## **Nutritional Therapies for Neuropathic Pain**

*Hal Blatman, MD*

Diet and nutrition play an important part in the total pain treatment program. Some foods promote healing and reduction in pain, and others can be harmful. Nutritional supplements can concentrate components of foods and reduce inflammation and neurotoxicity.

**Objectives:**

- 1) Review the latest in harmful nutrition for inflammation; 2) Review the latest in harmful nutrition for the nervous system; 3) Review the latest in beneficial nutrition for reducing inflammation; 4) Review the latest in beneficial nutrition for the nervous system.

## **Cognitive Therapies**

*Karin H. Hilsdale, PhD, LAc*

This course will provide overview of cognitive therapy, known in some quarters as “the talk therapy that works,” with particular application to pain management.

**Objectives:**

- 1) Participants will learn history of development of cognitive approaches in psychotherapy; 2) Participants will learn basic assumptions and theoretical stances of cognitive therapy; 3) Participants will learn ways to incorporate cognitive approaches in pain management.

## **Children's Headache Syndromes - Gary Jay, MD**

We will describe the clinical aspects of pediatric headache syndromes, including differential diagnoses, pathophysiology and treatment.

**Objectives:**

- 1) To understand the clinical aspects of pediatric headache; 2) To understand the pathophysiology and treatment of pediatric headache syndromes.

## **Surgical Options for Neuropathic Pain**

*Gerald Q. Greenfield, Jr., MD*

This course will describe the theory of pain and particularly neuropathic pain. Treatment options, especially surgical options, will be discussed.

**Objectives:**

- 1) Review theory of pain; 2) Describe Pathophysiology of Neuropathic Pain; 3) Review surgical options for treatment of pain.

## **Group Therapies - Ralph L. Anderson, PhD**

Group procedures for stress/pain management will be reviewed and critically analyzed. The advantages and limitations of a current center group are discussed.

**Objectives:**

- 1) Encourage application of group approach to stress/pain management; 2) Criteria for group selection, specific goals, and ground rules; 3) Learn potential pitfalls of stress/pain management group; 4) Specify unique group rewards.

## **Juvenile Rheumatoid Syndromes - Thomas Romano, MD, PhD**

Pain in individuals under 18 may herald a host of conditions ranging from relatively benign self-limited problems such as local myofascial pain to potentially extremely serious and crippling disorders such as juvenile chronic arthritis. An overview of the more common juvenile rheumatic syndromes will be presented as well as tips on diagnosis and effective treatment.

**Objectives:**

- 1) To put pain in individuals under 18 in the proper perspective in terms of prevalence and severity; 2) To allow the participants to be able to better diagnose painful rheumatic syndromes in minors; 3) To prepare the participants to be able to determine if a given painful condition is self-limited or represents potentially serious problem; 4) To give the participant an overview of various treatments for various juvenile rheumatic syndromes.

## **Pharmacologic Options for Neuropathic Pain: Pills, Potions & Lotions - Robert Supernaw, PharmD**

An overview of developments in drug treatment for neuropathic pain.

**Objectives:**

- Upon completion of this presentation, the learner will be able to:
- 1) List at least five drugs that are effective in neuropathic pain; 2) Select from a list a drug that is effective for a specified neuropathic pain condition; 3) List advantages and disadvantages of a given dosage form for neuropathic pain.

## **The Role of Operant Behavioral Therapy**

*Tracy J. Covington, PhD*

Pain management requires the patient to LEARN new behaviors. Operant Behavioral Therapy as a tool can increase/decrease behaviors contributing to the relief and control of chronic pain.

**Objectives:**

- Participants will learn:
- 1) The role of Operant Behavioral Therapy in a pain management setting; 2) Effective techniques to extinguish/increase/decrease behaviors relating to the management of chronic pain; 3) Examples of application in a pain setting.