PMRI PAIN MANAGEMENT RESEARCH INSTITUTE
Conquering Pain

Pain Pals

NEWSLETTER FROM THE FRIENDS OF PAIN RESEARCH MAY 2015

Pain Management Research Institute Ltd - ABN 87 072 480 123 Registered Charity CFN 21042

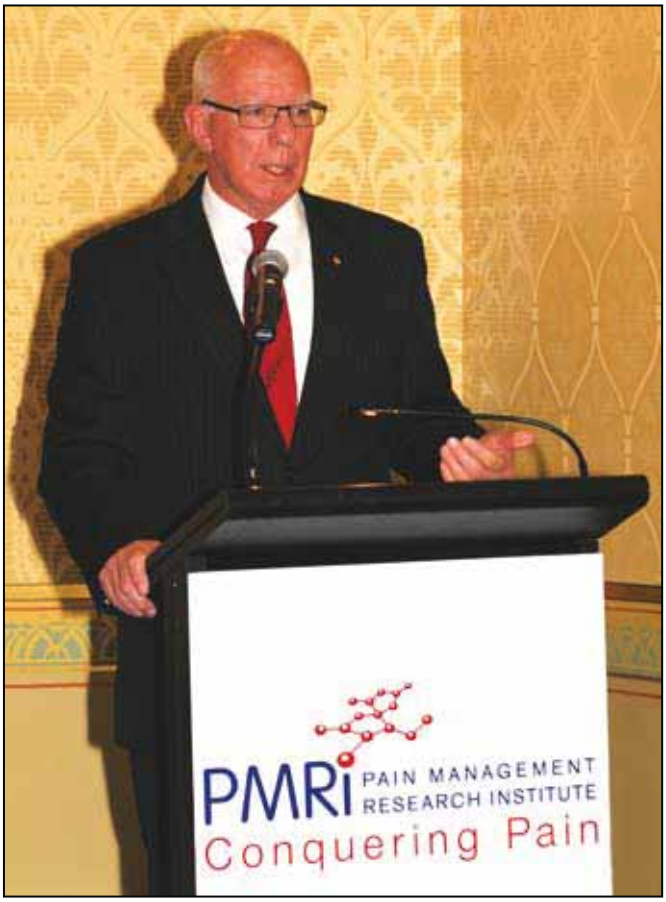
Welcome to the sixth edition of "PAIN PALS", a newsletter which provides friends and supporters of the Pain Management Research Institute with news about recent research breakthroughs, some patient stories and events in support of the work performed at PMRI.

In this issue, we highlight:

- *Chronic pain - as experienced by returning services personnel.*
- *Comment by Painaustralia on the recent Federal Budget.*
- *Training your brain to feel less pain.*
- *Communicating the PMRI mission to interested community groups.*
- *Report card from the Clinical Pain Neurophysiology Research Team.*

PMRI AT GOVERNMENT HOUSE

Friends and Supporters of PMRI were invited to attend a Reception at NSW Government House, hosted by Professor Michael Cousins AO and Mrs Cousins, on Thursday evening 23rd April. This was a truly unique experience, set in the majestic surrounds of Government House – the east gardens, the terrace and the ballroom!



His Excellency welcoming guests

Chairman Tim Holden invited His Excellency General the Honourable David Hurley AC DSC (Ret'd) to commence proceedings. The Governor graciously welcomed all guests and emphasised the significance of the evening's theme.

The Governor drew on some of the detail from Robert Milliken's excellent article "Chronic Pain An Ongoing War", recognising the disturbing increase in the rate of chronic physical pain among Veterans [1]. It is estimated that 40 years ago, about 40% of wounded Vietnam Veterans managed to survive; whereas for Veterans from Iraq and Afghanistan the wounded survival rate is over 80%, such are the advances in battlefield medical services.

His Excellency acknowledged the research and education role that PMRI brought to the debate about how pain services infrastructure needed to prepare and cope with these Veterans, many of whom had psychological complications attributable to post-traumatic stress.

The Honourable Jillian Skinner MP, NSW Minister for Health, then addressed the meeting, first thanking the Governor and Mrs Hurley for hosting the evening's function. Mrs Skinner then reported on the progress of the Statewide Pain Management Plan launched in 2012, with funding of $26 million over four years. This has enabled the establishment of four new regional pain centres in Port Macquarie, Port Kembla, Tamworth and Orange hospitals, enhancement of services in Lismore Hospital and the development of a multidisciplinary regional children's service at John Hunter Children's Hospital.

Mrs Skinner explained "The Baird Government is committed to providing effective treatment services and supportive programs to address chronic pain and to change the lives of people living with it.

"The development and delivery of such services is only possible with a strong research and evidence base – coupled with the crucial support of people such as everyone here tonight.

In closing the Minister said: "Thank you, everyone - your support of the Pain Management Research Institute truly does make a difference to the lives of people living with chronic pain."

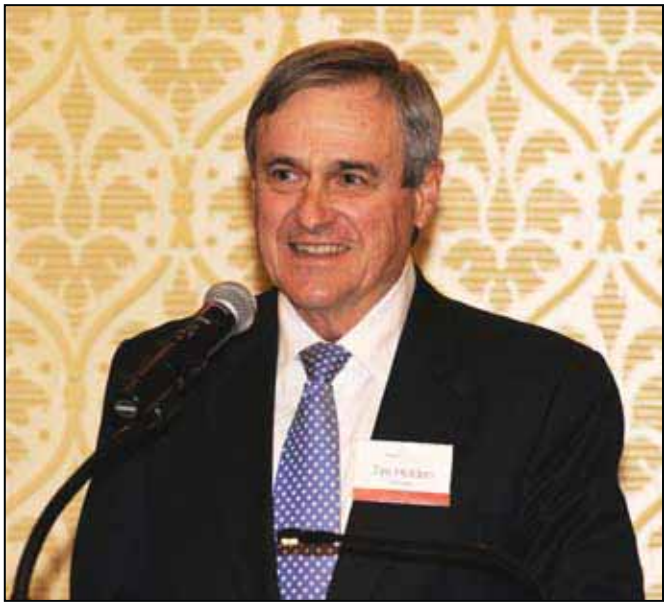
Minister for Health Jillian Skinner

The Chairman thanked both His Excellency and the Minister for supporting PMRI, and this event in particular. "Attendees this evening represent several of PMRI's major private philanthropic and other generous supporters and we wanted this chance to thank you and apprise you of some of the challenges facing our mission", said Mr Holden.

Mr Holden welcomed Professor Cousins to the lectern, to interview a recently-retired Veteran, Captain Rod Kenyon, acknowledging that the Professor and his colleagues had for some years been providing world class pain management treatments for an increasing number of our Veterans.

See the article following for excerpts from this remarkable and inspirational story.

Mr Holden concluded proceedings by thanking our special guests. "We are very fortunate in Australia to have a person of Michael's skills and leadership in helping people to live with chronic pain, often arising from extreme circumstances," said Mr Holden. "It is little wonder that he has been recognised throughout the world as an outstanding leader in pain management research and treatment and continues to receive international awards."



PMRI Chair Tim Holden thanking the speakers

Finally, Mr Holden reminded the guests of several key matters:

- We celebrate 25 years of focused service this year raising funds to support research, education and clinical activities, particularly to acquire infrastructure and to provide grants and cover outstanding researchers between grants.
- In turn, PMRI is reliant upon the generous financial support of Foundations, Private Sector Organisations and Individuals.
- We recently updated our logo and will shortly re-launch our website, whereupon we look to our supporters to help spread word of our mission in this challenging financial climate.

The Governor and Mrs Hurley then graciously circulated amongst the guests along with Rod and Lenore Kenyon in the drawing room and out on the terrace for cocktail food and refreshments including wines supplied by Turner's Crossing Vineyards.

[1] Robert Milliken, "Chronic Pain An Ongoing War", published in Good Weekend Magazine, Fairfax Group, September 14 2013. This article is available for viewing on PMRI's website.

INTERVIEW WITH CAPT ROD KENYON

This is an edited transcript of the interview Professor Cousins conducted with Captain Rod Kenyon at the Government House Reception on 23rd April [2].

In 2006, Royal Australian Navy Captain Rodney Kenyon was hit in a rocket attack while stationed

in Baghdad in the American military headquarters. He suffered intense pain in the back of his neck and could not find relief. His pain was initially caused by a disc protrusion, which compressed a spinal nerve in his neck, followed by severe nerve damage pain in what's called a "Complex Regional Pain Syndrome" in the neck and upper limbs. Rod, now 49, stills lives with chronic pain.

Professor Michael Cousins (MC): Many of the insights I have about how people in our military deal with their injuries and chronic pain are based on my experience with Rod. You came to see us some years ago in severe pain, wanting help, and wanting to get back to work, and pretty fast. I agreed to assist, because wanting to get back to work is often a great motivation. You did go back to work and made a major contribution. Despite multidisciplinary treatment and some pain reduction, you continued to have pain every day and every night. Have you ever had your work colleagues and others say "You don't look as though you're in pain"?

Rod Kenyon (RK): Absolutely. If you don't have a physical or obvious sign, it's hard for your colleagues to understand, particularly public servants and junior officers. They don't see your pain, so it's very hard for them to accept without the obvious scars or affects or something missing.

MC: Did you feel stigmatised?

RK: Not by my command team, but after a time you get sick of explaining what's actually happened. So you have to accept that some do understand, and some don't.

MC: Pain is a very individual business, for the same injury people will have extraordinarily different experiences. Describe your pain experience.

RK: Major sensations in the back of the neck, top of my shoulder and upper body, stings all the time; in my face, and often with burning and stinging through arms. I have a neural stimulator which works well, controlling pain in my arms; however, I still experience jolts, zaps, wiggles and wobbles in my muscles. It goes in cycles, good days and bad days.

MC: When you entered the Navy, you had a clear sense that you could get injured or killed, but did you ever contemplate that you might come back and have chronic pain for the rest of your life?

RK: No, it never crossed my mind.

MC: There is a parallel in civilian life: people having surgery of all sorts are very rarely told that they may end up with no pain in the area where surgery is performed, and then finish up with chronic pain; for some people, it's very difficult to deal with that transition. Firstly, how did you manage to keep working?

RK: I was very well supported, had access to some of the best doctors in the world. There was a period when I kept thrusting and driving to unrealistic goals. There came a point in 2010 where I was unable to be promoted; my career advancement was over. I had to accept that; life continued to be a real challenge - managing pain in my military and public service environment. By 10am in the morning I could be back in pain, and not very tolerant of it, and suffering by 11am; so a lot of energy was spent on the way I controlled the pain and dealt with people.

MC: We tell people that they need to take 20% of their time to manage their pain. Did you?

RK: No, good intentions but I struggled.

MC: What about sleeping?

RK: It's a major problem, it still causes significant problems. If you don't sleep, it becomes a vicious cycle. I have an awful lot of problems getting my head in a position where I won't upset the nerve and cause more pain.

MC: And your ability to take part in recreational activities?

RK: I have had to adapt my lifestyle considerably. I used to participate in fishing, mountain biking, triathlon, swimming, shooting, hunting, but have to change many things.

Professor Cousins interviewing Captain Rod Kenyon

MC: What about social activities?

RK: Well, I became a 'pain hermit' for a while - when sometimes you've been lying on the floor of the house for a long time, getting ready for work, you're not interested in going out, standing up, walking around, talking to people - pretty grouchy. I didn't want to see people, friends and family, some who are very supportive. I needed time to re-charge and get back to work.

MC: We need more tools, and we'll only get these by more research; I'd like to thank the PMRI Board Members for raising funds to do the research and education; thanks also to Painaustralia, a think tank helping to foster health reform and structural agenda in this field.

MC: In summary, Rod is a very good example of the need for a multidisciplinary approach. There are lots of facets - some do well, some not so. Surgery was needed, in your case done well. Quite sophisticated drug treatment. Rod has had a spinal cord stimulator,

electrodes in the neck area of the spinal canal, producing the release of a transmitter to help inhibit the pain, an important part of his treatment. PMRI is involved in some exciting collaborative research with Saluda - Dr John Parker, lead scientist, and I have collaborated over four years now. Spinal cord stimulation will be a lot better in the near future.

There were nerve blocks used in Rod's case, deposition of cortisone on spinal nerves that are very inflamed, plus specialised physiotherapy for postural abnormalities. One tends to adopt the injury response: head is often forward in bad position, shoulders are rounded, harking back to primitive responses. Then CBT – cognitive behavioural therapy - very powerful, most important advances I've seen. Rod has taken advantage very much of these with pacing, with de-sensitisation, and a whole range of strategies.

So, Rod, thanks, it's been a privilege to be part of your treatment!

[2] The full interview between Capt Kenyon and Professor Cousins can be heard online by visiting the relevant news item on PMRI's Facebook page: www.facebook.com/pmri.ltd; and click on the soundcloud link.

PAINAUSTRALIA BUDGET COMMENT

The Federal Government Budget has overlooked the opportunity to increase workforce participation by older Australians and improve productivity through prevention and better management of chronic pain.

Back problems and arthritis, both associated with chronic pain are the most common reason people aged between 45 and 64 drop out of the workforce, impacting negatively on productivity, taxation revenue and increasing welfare costs.

Lesley Brydon

If we are to keep older Australian's working longer, we need a better model of care for prevention and management of chronic pain that is readily accessible in the community and supported in the workplace.

Doctors cannot manage people with complex chronic conditions in a 20 minute consultation, and medication alone is not helpful for people with chronic pain.

Ideally, we need a program like the Coordinated Veterans Care Program (CVC) which remunerates GPs, supported by a practice nurse, to coordinate a team care arrangement involving specially trained allied health professionals and specialist care as needed.

Supporting people with chronic conditions with self-management strategies that reduce reliance on health services including medication and surgery – has clear economic benefits. This calls for a strategic national approach which involves:

- Incentives for GPs and allied health professionals to collaborate to provide community based pain programs with an emphasis on prevention, and self-management of chronic conditions, adequately funded by Medicare.
- Incentives for employers to provide support and flexible working environments; ergonomic assessments; work based exercise programs such as Feldenkrais and Yoga.

It is ironic that a person with a back problem or arthritis can get rebated for $40,000 or more for surgery – but cannot get adequate support for a special exercise program, hydrotherapy or Cognitive Behavioural Program which would delay or prevent the need for surgery.

The proposal to rename the E Health system currently known as the Personally Controlled Electronic Health Record (PCEHR) is a move for the better, since most people would never use something they can't pronounce.

The new user-friendly name "My Health Records" may help overcome a major barrier to take up of this potentially valuable tool. However clinicians may require incentives to fully participate.

Improving access to services for the one in five Australians who live with chronic pain and one in three people over 65, must be a priority for the new Primary Health Networks, as part of a national strategy to prevent and manage chronic illness – a major burden on the economy and the community.

YOUNGER WOMEN AT RISK OF POST MASTECTOMY PAIN

A new study has shown that women of younger age and those undergoing axillary lymph node dissection are at greater risk of developing post-surgical chronic pain.

The US study examined 300 patients, who were evaluated for pain within six months after surgery, and found that 110 patients (36.7 percent) reported the presence of chronic pain.

Independent risk factors associated with the development of chronic pain were age – the younger the woman, the higher in the incidence of chronic pain – and axillary lymph node dissection. Radiation therapy was not implicated in the development of chronic pain.

In another smaller study, which examined 36 patients, intravenous lidocaine was shown to be effective in reducing chronic post mastectomy pain.

These studies highlight the need for more research

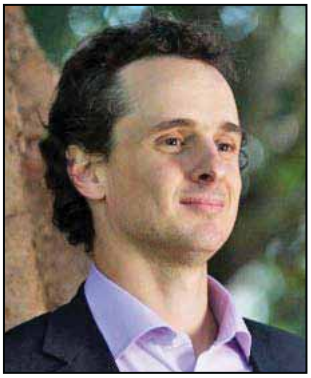
into chronic pain and mastectomy, as well as the importance of effective post-surgical pain management, for the prevention of chronic pain.

Reprinted with permission from Painaustralia, 26th August 2014

TRAIN YOUR BRAIN TO FEEL LESS PAIN

Tom Cowan had chronic back pain but used cognitive behavioural therapy to rid himself of the pain. It got to the point where Tom Cowan's back pain was so severe that anticipating the 100 metre walk from his car to the doctor's rooms threw him into a spin. Though he was taking painkillers and wearing a back brace, sitting, standing and walking were agonising and he had spent almost a year lying flat on his back.

So he was dubious when a pain clinician suggested a good part of the pain was in his head. "He was basically saying, 'Yes, you've got a physical problem but it's actually now a mental problem'," Mr Cowan said. "I thought he was bonkers."



Tom Cowan

Cognitive behaviour therapy, where patients are taught to change their "unhelpful" thinking, has shown in studies to be one the most effective treatments for chronic pain, which affects one in five Australians.

But with average national wait times of 150 days to get into pain clinics, specialists are pushing for more GPs to be trained in applying the therapy, which is usually conducted by psychologists.

The GPs would lead a multidisciplinary team ofphysiotherapists, occupational therapists, surgeons and psychologists.

Mr Cowan, then 24, had consulted 30 doctors before he approached the pain clinic at Royal North Shore Hospital, all of whom had thrown up their hands. But during his three weeks at the Royal North Shore Hospital's pain clinic, he used a stopwatch to build up the amount of time he could spend sitting upright - first for one minute at a time, to be extended by 10 seconds each day.

"The concept is that, along with a session with a psychologist doing relaxation and meditation type techniques, you effectively retrain your brain to do things," Mr Cowan said. "The way [the doctor] described it to me was my problem was like someone who has had their leg amputated. How can they have an itchy toe when they don't have a leg? "You have a physical problem that's healed, but a brain that didn't adjust."

Unrelieved pain costs the Australian economy $34 billion annually in lost workforce participation and forced retirement among other expenses. Pain Australian chief executive Lesley Brydon will tell the National Rural Health Conference in Darwin later this month that training GPs in pain management including CBT would be a game changer in addressing the growing burden of chronic pain.

In NSW, where the government has built five new rural pain clinics since 2012, the waiting list is still 128 days. "There's ample evidence that if people don't get timely access to help, their pain gets worse and their condition gets more expensive to treat, because it probably requires surgery or other forms of more expensive pain therapy," Ms Brydon said.Unlike surgery, cognitive behavioural therapy is not subsidised by Medicare.

The University of Sydney medical school's director of pain management programs Michael Nicholas says it is possible for clinicians to train people to manage their pain. Strategies include pacing the level of activity, setting goals, relaxation techniques and challenging unhelpful beliefs about pain. "With chronic pain, the cause has long gone and you're left with the effects on your central nervous system," Professor Nicholas said.

"Not everyone with back pain is disabled but a lot of them are and one of the things that goes along with greater distress with pain is to think about it in ways that are understandable but not helpful." Bathurst GP Ian Thong, who trained in CBT at his own expense, claimed a 60 per cent success rate in those of his patients who adopt it. But he conceded that he was a rare breed among GPs. "They think of painkillers and medication and surgery and they don't see the value in cognitive therapies ... whereas it's very, very useful."

Mr Cowan is now prepared to say his back is cured, though it was a difficult process. "It took in the end 10 years, but I can ski, play golf, sit, run, walk. There's nothing I can't do, but everything was done incrementally." A convert to CBT, he is amazed that it is not subsidised by Medicare so more people could access it.

"You can have 10 different surgeries on your back that don't work and they'll fund it but they refuse to fund this side of things." Common elements of cognitive behavioural therapy for self-management of chronic pain:

1. Assess the problem and identify biological and psychological contributing factors
2. Identify goals
3. Break the goals into smaller achievable steps (eg time spent sitting, walking, standing), and work out steps to achieve them such as gradual exposure
4. Work out options for dealing with obstacles such as pain flare-ups and catastrophising, such as relaxation and problem solving
5. Terminate treatment once goals are achieved

By Harriet Alexander. Reprinted with permission of The Sun Herald, May 10 2015.

(adapted from "Pain: Clinical Updates February 2015" by Michael Nicholas)

COMMITMENT TO CARE 'IN SICKNESS AND IN HEALTH'

Karyn Markwell

When Graham vowed thirty years ago to take his wife "in sickness and in health", he meant every word – as his ongoing commitment to her proves. Graham has restructured both his life and his business to care for Terina, who has persistent pain.

Terina and Graham worked side by side in their family business until they embarked on a trip to Tasmania in 2007. While on holiday, Terina became ill with chronic pancreatitis. Back home, she struggled with the heavy medication prescribed by her doctors, was unable to drive and often slept through the day.

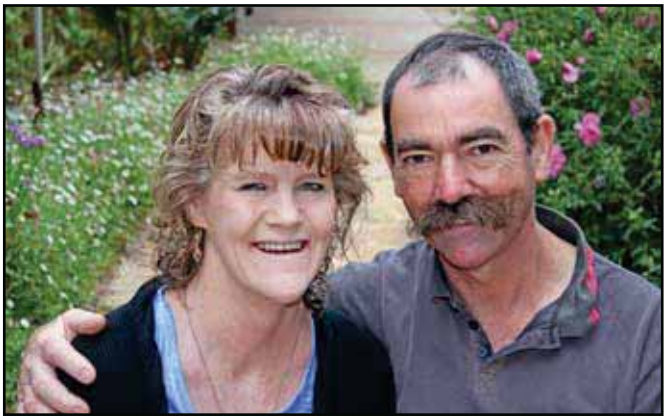
Aware of Terina's growing needs, in 2010, Graham bought a home-based business and employed two staff, so that he could be constantly near Terina.

"My wife becomes sick so suddenly and I must rush her either to the doctor's or the hospital for emergency care," explains Graham. "It's a huge relief that I am now around during the day".

"When needed, I take over the household responsibilities, including doing the washing and cooking the meals. When Terina is very sick, I help her to get dressed, because she can be pretty wobbly on her legs."

Terina has been unable to attend a pain-management clinic, due to the distance of the nearest clinic from their home, as well as being too unwell to attend day after day. Instead, the couple gain support from the Australian Pain Management Association (APMA), a non-profit organisation which gives hope, information

Reception at Government House



Terina and Graham

and life skills to people with persistent pain.

"APMA has made a difference in our lives by providing support and information," says Graham. "Their Pain Link helpline and online information mean that we can access options and hope without having to leave home."

Graham occasionally finds it challenging being Terina's carer, because he is distressed by her pain and anguish.

"The most challenging thing about being a carer is being helpless to take away the suffering of someone you love," he says.

How to contact APMA

For more information about the Australian Pain Management Association, visit www.painmanagement.org.au.
APMA's Pain Link helpline: 1300 340 357

AUSTRALIAN PAIN MANAGEMENT ASSOCIATION

Thursday 23rd of April 2015

SPINNING THE ROTARY WHEEL

In the past two years, Friends of Pain Management have organised a total of 13 talks by senior professionals from PMRI at Rotary Club Meetings around the greater Sydney region. The purpose of these talks is to help Rotarians and their families appreciate the significance of chronic pain as a cost to the community not only in terms of healthcare system costs, but also to personal, family and work-life costs.

Dr Chris Vaughan addresses the North Sydney Sunrise Club

Four speakers have graciously given up their personal time to conduct the talks – Professor Michael Nicholas, Director of the Pain Education Unit and the ADAPT Program, Dr Charles Brooker, Director of the Pain Management and Research Centre, Dr Chris Vaughan, Head Cellular Research, and Dr Paul Wrigley, Head Sensory-Neurophysiology Research. We thank these gentlemen for their enthusiasm for their task.

Each talk was illustrated with references to pain patients whose lives have been improved through more effective pain treatment.

The Rotary Clubs who hosted representatives of PMRI included Mosman, North Ryde, Wahroonga, Northbridge, Mittagong/Bowral, North Sydney, North Sydney Sunrise, West Pennant Hills, Roseville Chase, Brookvale, Chatswood, Crows Nest and Parramatta.

President Lindy Hunt (2nd right) from North Sydney Sunrise Club with Dr Vaughan

Attendances at these events ranged from 14 to 47 Rotary members and partners. The questions during and after each presentation clearly demonstrated the sincere interest that our speakers generated.

Sales of the "Manage Your Pain" text-book have also been boosted as a result of these visits.

Dr Paul Wrigley with Parramatta President Christine McSweeney (right) and MC Chenella Hitchcock (left)

The Rotary Club of North Ryde even saw fit since Professor Nicholas's visit to their breakfast meeting to provide volunteers at our last "Walk Against Pain" at the Sydney Cricket Ground, for which we are most grateful.

More talks like these are planned in the months ahead.

If you belong to a service club or group such as Rotary, Apex or Lions, and believe your members would benefit from listening to one or other of this talented group about new developments in chronic pain management, please call us on (02) 9929 5566 or email Shaan on pmri.verco@hotmail.com. We'll be only too happy to organise a suitable time and date.

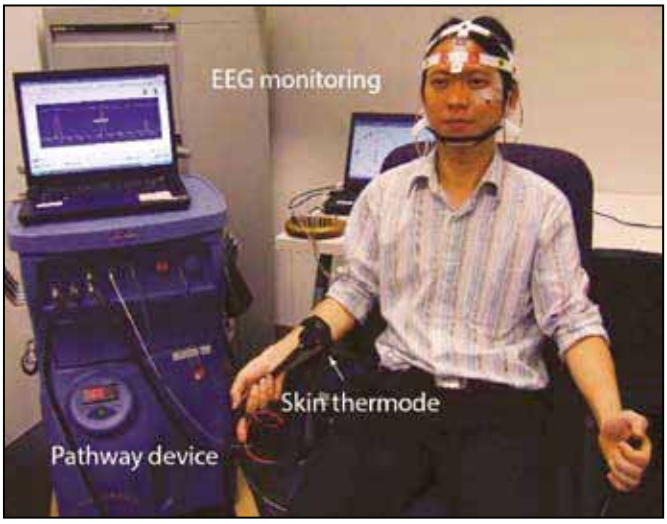
CLINICAL PAIN NEUROPHYSIOLOGY RESEARCH TEAM, PAIN MANAGEMENT RESEARCH INSTITUTE (PMRI)

The Clinical Pain Neurophysiology Research team contains members with basic science and clinical expertise and research projects are based on questions arising from direct patient care.

The research team (including three PhD students) is currently investigating pain in a number of commonly occurring and debilitating conditions including: low back pain, irritable bowel syndrome, endometriosis and spinal cord injury. Novel techniques for assessing the changes occurring in the nervous system contributing to the pain experience are being evaluated including: Quantitative Sensory Testing, Cortical Pain Evoked Potentials, Nociceptive Withdrawal Reflex testing and Conditioned Pain Modulation.

At present there are no neurophysiological tests routinely available in clinical practice that assess temperature and pain transmission. The research aims to improve the way that persistent pain is assessed to aid in clinical decision making.

New research assistant needed to join the team: The position will be advertised in September (neurophysiology experience necessary especially with EEG, contact Dr Paul Wrigley, 9926 4958).



Volunteers needed (p. 9926 4960, e. drpaulwrigley@gmail.com)

- We are seeking healthy volunteers and people with irritable bowel syndrome OR chronic low back pain.
- We are also seeking healthy volunteers over 40 and people with spinal cord injury (paraplegia with and without nerve pain) for our spinal cord injury pain trial.

Key recent events include

- The commissioning of a purpose built neurophysiology testing facility in the Michael J Cousins Pain Management & Research Centre, RNSH on 12 August 2013.
- Donation from the Graham and Pam Nock foundation enabled key equipment upgrade and software purchase.
- New collaboration established with the department of physiotherapy Macquarie University.
- Rosemary Chakiath an APA scholar commenced her PhD project Jan 2013. This human study is examining spinal cord central sensitisation (a key mechanism underlying chronic pain) in two distinct yet common chronic pain conditions: chronic low back pain (CLBP) and irritable bowel syndrome (IBS).
- Kathleen Peters finalised recruitment for her PhD study of over 40 participants with endometriosis associated pain (PhD commenced Jan 2012). This project examines the mechanisms underlying endometriosis associated pain from a cellular (immunohistochemistry) to clinical level (quantitative sensory analysis and psychological questionnaire assessments).
- Several international presentations were made by Dr Paul Wrigley in Canada, Denmark and Switzerland related to this research.
- Assessment of pain and temperature pathways following spinal cord injury (SCI). Significant progress has been made towards completion of this project (n = 22) however the final subjects are being recruited (n = 13).

This project assesses whether the preservation of pain transmission pathways are linked to the development of neuropathic pain following SCI.

Latest publications

- Wrigley PJ, Gustin SM, McIndoe LN, Chakiath RJ, Henderson LA, Siddall PJ. Longstanding neuropathic pain after spinal cord injury is refractory to transcranial direct current stimulation: A randomized controlled trial. Pain 2013;154(10):2178-2184.

This randomised controlled trial was published in the leading pain research journal. Significant international interest was shown in this study which unfortunately did not demonstrate benefit from this previously promising clinical intervention.

- Marcuzzi A, Dean CM, Wrigley PJ, Hush JM. Early changes in somatosensory function in spinal pain - A systematic review and meta-analysis. Under review, submitted June 2014.

Pictured (clockwise): Dr Paul Wrigley (Team leader), Rosemary Chakiath (PhD – sensory changes in chronic low back pain and irritable bowel syndrome), Anna Marcuzzi (PhD – sensory changes in early low back pain), Kath Peters (PhD – endometriosis associated pain).

WHIPLASH AND THE PROMISE TRIAL

Professor Chris Maher

Tell me about the PROMISE trial.

In PROMISE we compared a brief self-management approach for chronic whiplash to a more traditional intensive physiotherapy program. The self-management comprised an educational booklet, a 30 minute session with a physiotherapist and two phone call follow-ups. The intensive program comprised twenty, one-hour exercise sessions over a 12-week period supervised by a physiotherapist.

What are the main findings of the PROMISE trial?

People's pain and activity improved in both treatment groups, but the more intensive approach offered no important benefits over self-management. This finding held true for the other outcome measures we measured.

What should clinicians and patients take away from the PROMISE trial?

The PROMISE trial certainly should not be interpreted to mean that physiotherapy is ineffective; both groups improved. What PROMISE does show is that more treatment is not necessarily better for people with chronic whiplash. PROMISE adds to the growing body of literature that suggests that we need to rethink how we deliver treatment to people with chronic pain. Helping patients to self manage their condition seems an important approach to consider.

What might a self management plan for chronic whiplash comprise?

Clinicians have an important role in educating and empowering patients with the skills required to allow them to self manage their condition and therefore become more self reliant. This information would include educating patients about whiplash, the principles of progressing activity, the identification of patient specific functional goals and teaching patients simple neck and shoulder exercises aimed at improving posture, range of motion, coordination and strength.

What recommendations do you have for future research as a result of this study?

For the future we need to identify the best ways in which to deliver self management advice and education for chronic whiplash. This may involve the development and use of verbal, written, or multimedia approaches; plus we need approaches that reflect the cultural diversity within Australia.

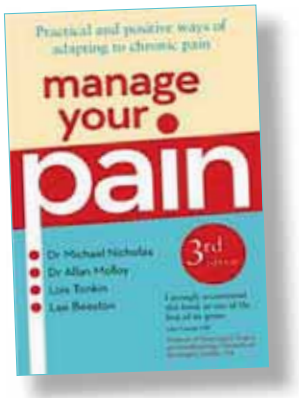
Reference

Michaleff Z, Maher CG, Lin CWC, Rebbeck T, Jull G, Latimer J, Connelly L, Sterling M. Comprehensive physiotherapy exercise or advice for chronic whiplash (PROMISE): a pragmatic randomised controlled trial. Lancet 2014 384:133-41. PROMISE was jointly funded by NHMRC NSW Motor Accidents Authority & Qld Motor Accident Insurance Commission.

Chris Maher is a Professor in the Sydney Medical School and leads a program of research focusing on the management of musculoskeletal conditions in primary care and community settings. Professor Maher was guest speaker at PMRI's Visiting Scholar Program on 21st August.

MANAGE YOUR PAIN: 3RD EDITION

In MANAGE YOUR PAIN, members of the Pain Education Unit have drawn on the latest scientific research and their extensive clinical experience to show you how to live with pain. MANAGE YOUR PAIN will help you and your family to gain a better understanding of your pain and minimise the impact it has on your life.



MANAGE YOUR PAIN is a self-help book, but it can be used as part of a program worked out with your doctor, clinical psychologist and/or therapist.

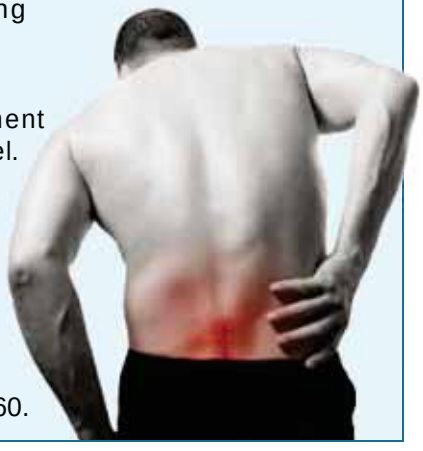
Good news! You can now order a copy of this excellent guide online via www.trybooking.com/MXJ at $34.95 per copy, or call us on (02) 9929 5566.

IRRITABLE BOWEL SYNDROME AND CHRONIC LOW BACK PAIN STUDY.

The Pain Management Research Institute and Department of Gastroenterology, Royal North Shore Hospital are undertaking a study aiming to improve the assessment of pain in people with Irritable Bowel Syndrome (IBS) or Chronic Low Back Pain (CLBP).

Healthy volunteers and people with IBS or CLBP are invited to take part in a three hour study involving non-invasive testing of sensation.

$120 is offered as partial reimbursement for time and travel. If you have any questions please feel free to contact Dr Paul Wrigley at drpaulwrigley @gmail.com or call 02 9926 4960.



RIP RICHIE BENAUD OBE

Friends of PMRI were saddened by the news of the recent passing of Richie Benaud OBE. Richie and Daphne have been supporters of Professor Cousins and his staff at PMRI.

Courtesy of the Primary Club, of which he was Patron, Richie had attended three of the four "Walks Against Pain" at the SCG between 2011 and 2013. He mingled with all the Walkers, signing and handing out Certificates, but also taking the time to engage with them with stories about country towns, famous cricketers and the value of healthy exercise.

His influence stretched from the playing arena to lounge rooms everywhere cricket was appreciated.

"Our country has lost a national treasure," Cricket Australia chairman Wally Edwards said. "It marks a profound loss to our nation".

"Richie stood at the top of the game throughout his rich life, first as a record-breaking leg-spinner and captain, and then as cricket's most famous broadcaster who became the iconic voice of our summer."

We will all miss you terriby, Richie. Rest in Peace!

THINK CHIROPRACTIC

Chronic musculoskeletal pain is a major health problem, with the recent Global Burden of Disease study (Lancet 2012) showing that low back pain is the worst health problem for Australia, with tension headache, migraine and neck pain also ranking very high.

Assoc Prof Peter Tuchin

However, whilst they are very common problems, many people don't understand what treatment choices they have. Chiropractic is a good choice for treatment of chronic musculoskeletal pain, which includes low back pain, tension headache, migraine and neck pain.

There is good research evidence to recommend chiropractic treatment for chronic musculoskeletal pain [1-4]. In addition, many other patients have reported improvement in their pain after chiropractic treatment in a wide variety of health complaints.

However, this doesn't mean that chiropractic can cure everything! But, it is worth considering a short course of treatment to see if it may help your problem.

Chiropractic treatment usually includes taking a thorough clinical history of the problem and then performing a detailed orthopaedic and neurological examination. It is not necessary to take X-rays for all conditions, however, with chronic problems that involve nerves (neuropathic pain) it can be helpful.

Chiropractic treatment should also include advice to stay as active as possible, and use appropriate exercises and muscle therapy. If spinal manipulation is indicated it can be given gently and has very few risks when applied correctly.

If you would like more information about chiropractic treatment go to the Chiropractic & Osteopathic College of Australia website (www.coca.com.au) or please contact A/Professor Peter Tuchin at the Macquarie University. Email: (peter.tuchin@mq.edu.au). Associate Professor Peter Tuchin

1. Bronfort G, Assendelft WJ, Evans R et al. Efficacy of spinal manipulation for chronic headache: a systematic review. Journal of Manipulative & Physiological Therapeutics 2001; 24: 457-66.

2. Bronfort G, Maiers MJ, Evans RL et al. Supervised exercise, spinal manipulation, and home exercise for chronic low back pain: a randomized clinical trial. The spine journal : official journal of the North American Spine Society 2011; 11: 585-98.

3. Tuchin PJ, Pollard H, Bonello R. A randomized controlled trial of chiropractic spinal manipulative therapy for migraine. Journal of manipulative and physiological therapeutics 2000; 23: 91-5.

4. Chou R, Qaseem A, Snow V et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med 2007; 147: 478-91.

A/Professor Tuchin from Macquarie University was guest speaker at PMRI's Visiting Scholar Program on 4th September

MAKE A MOVE ON MUSCULOSKELETAL HEALTH

Make a Move is a campaign to highlight the grossly inadequate level of government funding for musculoskeletal health and wellbeing.

Launched by Arthritis and Osteoporosis Victoria, the campaign aims to raise $1 for every person who lives with a painful and debilitating musculoskeletal (MSK) condition.

In addition, Make a Move intends to raise awareness about the impact of chronic pain associated with MSK conditions, which affect people in prime working age as well as children, not just the elderly. "We receive less than one percent of recurrent funding from the State Government. This level of funding sends a clear message to the people we represent. A message that says they are not worth it," said CEO Linda Martin.

"Well, we are here to ensure their voices are heard. We want them to know they are worth it."

The campaign launch at Melbourne's Federation Square included a live performance by Vicky O'Keefe, the daughter of Johnny O'Keefe, whose 1963 hit 'Move Baby Move' features on the campaign community service announcement.

To sign a petition supporting the campaign, visit www.makeamove.org.au

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PUTTING CBT SKILLS INTO PRACTICE

The Pain Management Research Institute is pleased to announce that our Putting Cognitive Behavioural Therapy Skills into Practice online training webinar series are now open for registrations for 2015.

This is an excellent professional development opportunity for health professionals to further develop skills to help patients better manage chronic or persisting pain problems.

Each program consists of six webinar sessions of 90 minutes duration conducted over a 2-3 month timeframe. In each session you will explore specific strategies on how to effectively manage patients experiencing chronic pain with an experienced facilitator:

Session 1 Patient assessment & case formulation
Session 2 Explaining case formulation to the patient
Session 3 Identifying SMART goals & using motivational interviewing
Session 4 Employing self-management skills & developing a treatment plan
Session 5 Reinforcing treatment program & maintenance strategies
Session 6 Integration of CBT skills

This program is run entirely online, making it accessible to all health professionals across both rural and suburban Australia.

Pain Pals

"Pain Pals" is edited by Shaan Verco, on behalf of the "Friends of PMRI". We welcome your feedback and contributions. It is designed for easy reading about matters of concern to supporters of Professor Cousins and his colleagues at the Institute.

Membership is open to all people who care about finding new and improved ways of helping 4 million Australians who live with chronic or persistent pain.

To become, and to continue as, a Member of "Friends of PMRI", simply make a donation each year of $60 or more. Please sign up online at www.trybooking.com/MXJ or mail a cheque to "PMRI", Douglas Building, Royal North Shore Hospital, St Leonards NSW 2065.

Significant additional funds are required to complete milestones in 2015/16 for several research projects in areas such as Spinal Cord Injury Pain, Lower Back Pain, Irritable Bowel Syndrome, and Cancer Pain - all moving into crucial clinical trial phases, and expected to result in improved treatments for patients living with these conditions.

Donations over $2 are tax-deductible.