

**Fundamentals Workshop**  
 'A multidisciplinary introduction to contemporary pain management'  
 9:00am – 5:00pm



9:00 – 10:30	<b>The neurobiology of pain</b> <i>Michel Coppieters</i>
10:30 – 11:00 Morning tea	
11:00 – 12:30	<b>Psychosocial influences on pain</b> <i>Malcolm Johnson</i>
12:30 – 13:30 Lunch	
13:30 – 15:00	<b>Pain, Functional Capacity and Sustainable Work Outcomes</b> <i>Gordon Siebel</i>
15:00 – 15:30 Afternoon tea	
15:30 – 17:00	<b>Medications for Pain Relief</b> <i>David Jones</i>

**Michel Coppieters**

*Michel Coppieters is a physiotherapist with a special interest in neuropathic pain. His research consists of clinical studies as well as more basic science experiments. The aim of his research is to obtain a better understanding of the pathophysiology of nerve injuries, to develop novel treatment approaches for patients with neuropathic pain and to test the clinical efficacy of these programs.*

*Michel has published widely on this topic and he presents frequently at national and international conferences. He is a Senior lecturer and teaches in the undergraduate and postgraduate physiotherapy programs at The University of Queensland in Brisbane. He is also a faculty member of the Neuro-Orthopaedic Institute.*

**Gordon Siebel**

*Mr Gordon Siebel (B. OT, Grad. Cert. OT, Post graduate Masters student OT) is the principal of a multidisciplinary private practice in Brisbane - Siebel Therapy Group. His practice specialises in work injury prevention and management services. Mr Siebel and his team (Occupational Therapist, Psychologist, Physiotherapist and Exercise Physiologist) provide treatment, rehabilitation and consultancy services primarily to persons experiencing persistent pain, as a result of work or motor vehicle accidents. Siebel Therapy Group also deliver a two intensive full time multidisciplinary pain management programme with a vocational emphasis. He has a special interest in long lasting pain, functional capacity and the impact of same on safe, productive and durable commercial employment, which is the subject of his current post graduate study. He is an active member of OT Australia and has delivered papers and presentations at State and National level conferences and workshops.*

**Malcolm Johnson**

*Malcolm Johnson is a clinical psychologist working in the Department of Psychological Medicine at the University of Auckland where his main role involves directing a practitioner training programme in health psychology.*

*He has worked clinically and researched in the area of persistent pain for longer than he cares to remember and has previously been a council member and president of the New Zealand Pain Society*

**David Jones**

*Clinical Leader, Pain Service, Dunedin Hospital  
 Clinical Senior Lecturer, University of Otago, NZ  
 Dean-Elect, Faculty of Pain Medicine, ANZCA.*

*Lead Clinician, Dunedin Hospital Multidisciplinary Pain Service in NZ for >25 years. Main interests: neuropathic pain and altered sensitivity states, how this has changed over this period from being a hardly ever recognized predicament to now being a part of daily clinical experience. Other interests include teaching a framework from which to make choices for managing with pain, and guidelines for long term opioid treatment of pain.*

### **The neurobiology of pain – Michel Coppieters**

*The aim of this presentation is to provide an overview of the multifaceted nature of pain. Pathobiological processes rather than psychological aspects will be presented. Peripheral mechanisms involved in inflammatory nociceptive pain and neuropathic pain will be discussed as well as central mechanisms present in people with persistent pain.*

### **Psychosocial influences on pain – Malcolm Johnson**

*Interest in psychosocial aspects of persistent pain gained impetus in the 1960s, enhanced particularly by the publication of Melzack and Wall's (1965) gate control theory, and the work of Bill Fordyce who argued pain responses are subject to the same laws and influences as any other behaviours.*

*Since that time, attempts to understand both the process of development of persistent pain and to identify variables that might exacerbate the experience have investigated a number of psychosocial variables. Research into some of these variables, such as pain-related fear, has been initially driven by theoretical models and into others, such as catastrophising, more by serendipitous findings.*

*In this presentation the history and current evidence for several of the most influential of these variables, including pain-related fear and catastrophising, will be discussed as well as the research that hints at the biological processes that underpin their effects.*

### **Pain, Functional Capacity and Sustainable Work Outcomes – Gordon Siebel**

*Persons experiencing chronic, persistent or long lasting pain present many challenges to the health professional. Some of the more common issues include prolonged length of time from injury, little measurable trend from treatment and rehabilitation services, over reliance or dependency on passive treatment, extended period away from work / difficulties coping at work, pronounced underactivity, inadequate understanding of diagnosis and prognosis and various other biopsychosocial issues.*

*Further barriers become evident, with patients embedded within the workers' compensation and motor accident jurisdictions, where multiple other stakeholders add to the complexity. This interactive workshop will cover the relevant issues and draw on the evidence (and some pragmatism) to provide an approach to promote sustainable work outcomes for our patients.*

### **Medications for Pain Relief – David Jones**

*Pain's multidimensional experience includes biologic, psychologic and social components in a complex ménage. Taking medication is the commonest relief measure, prescribed or self-selected from OTC's. The biology of pain involves many known mechanisms, and more are being uncovered. Is it reasonable to expect a single agent to always work? Combinations often double-up the same actions. Many pharmacologic treatments interact with natural pain inhibiting processes. This presentation will integrate knowledge of main biologic pain / pain inhibition mechanisms with actions of medications aimed at controlling them, to facilitate rational analgesic choices and combinations (synergism, multimodal polypharmacy). This should not be construed to minimise the importance of psychosocial and behavioural factors, many of which also modify patient and carer beliefs about and habits with medication.*

*Getting the right medication to the right site in the most expeditious or practical way needs more than knowing drug actions eg different routes, formulations and timings of administration. Understanding lag times in delivery, expected times till onset, durations of actions and how medications compete with each other for their effects and elimination helps to set appropriate expectations and aids compliance. Patient co-morbidities and genetic variants in eg drug metabolism can alter drug effects. Morphine, a common agent in severe pain, is a case in point to illustrate this. It is now believed that opioids, paradoxically in some cases, also can enhance pain sensitivity (Opioid Induced Hyperalgesia).*

*Opioids remain controversial in persistent pain – but are second to none in severe acute pain. More is known about the nuances of opioid actions, and many of the ingrained judgments and attitudes about their use have arisen in a framework without this knowledge or poor application. This talk will not give a definitive opioid answer, but should widen your factual knowledge about them. Brief reference is made to 'fashionable' beliefs eg cannabis / cannabinoids.*

*Maybe worse than having no treatments is to push too far with risky measures and harm the patient. The primum non nocere principle demands some boundaries – when do we stop or withhold?*

**To register for this one day workshop, please visit  
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