



PSA World Pain Summit

Virtual Conference Brochure

Friday October 15 – Sunday October 17, 2021

Coming Together. Learn. Share. Inspire

Updated: September 10, 2021



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Friday October 15, 2021

Opening and Welcome

Social Media and Pain

The Many Faces of Headache and Migraine

Progress Under Pressure

Leading the Way: Provincial, National & International Pain Advocacy

Suboxone 101

Reflections on Equity, Diversity and Inclusion in Pain Management

Closing Remarks

- 0800h Welcome and Introductions: Christelle Zacharki, Janice Rae, Dr. Rob Tanguay, and Dr. Elisabeth Saxton
- 0810h Opening Comments: Dr. Leroy Little Bear

Social Media and Pain

- 0815h Dr. Bronwyn Thompson, Dr. Greg Lehman and Joletta Belton: The Good, The Bad and the Meme!

Social media is everywhere. We're all affected by it, even if we're not directly involved. We discuss the ways social media use can help with knowledge translation and offer social and clinical support to people with pain, and we will discuss some of the negative effects social media can have. All three presenters have been actively involved in social media for years, and our personal experiences will be used to illustrate the good, the bad - and the meme!

- 0930h Moderated Group Question and Answer

- 0945h Movement Break for All
- 0950h Wellness Break: All Exhibitor Booths are open!

- 1020h Welcome Back!

The Many Faces of Migraine and Headache

- 1025h Cassandra Chisholm: Just Because You Can't SEE the PAIN Doesn't Mean I Don't HURT

Migraines are a complex entity, with many components. However, many of those components are invisible to others. this presentation will help them become more visible. It will bring the lived experience of migraine pain and other symptoms, and what care helped, and what care left scars. I will explore my own experience with various healthcare professionals, as well as those strategies that helped me manage my condition so I can live my best life. I will also touch on the importance of compassion, feeling like your health care professionals see you, not only the condition, and my key coping strategies.

- 1040h Dr. Werner Becker: Head Injuries and Migraine

Headache is one of the most common symptoms complained of by people who have had a concussion. At least half of people with headache following a concussion describe headaches with migraine features. The relationship of post-traumatic headache syndromes to

migraine is unclear. Although many post-traumatic headache disorders resemble migraine, brain imaging research suggests that there are differences in the underlying brain mechanisms. It does seem clear that head trauma can make existing migraine worse and more difficult to treat.

Having migraine may also predispose people to long lasting medical problems after a concussion. In a study of children and teenagers, a history of migraine before the head injury increased the chances of the patient having persistent post-concussion symptoms (which usually include headache) 28 days after the mild head injury.

Current recommendations are that if post-traumatic headaches have migraine features, they should be treated as migraine, although they may be more refractory to treatment than regular migraine. Fortunately, there is preliminary evidence that both erenumab, a monoclonal antibody directed against the CGRP receptor and botulinum toxin type A, an established treatment for chronic migraine, can be effective for some patients with post-traumatic headache.

1055h Dr. David Dodick: Migraine Disease Management

During this presentation, Dr. Dodick will outline the evidence base to support multimodal and integrated care for migraine; review the role and integration of evidence-based pharmacological and device neuromodulation in the management of migraine and identify the modifiable risk factors that increase the risk of migraine progression.

1120h Kara Irwin: The Painful Implications of Psychological Trauma

There is an important body of literature suggesting a connection between early childhood adversity and the development of chronic pain in adulthood. Additionally, childhood adversity is posited to make engagement with health systems and self-management of chronic pain more challenging. This presentation will discuss these links, and propose solutions to improve both your relationship with patients, as well as chronic pain management outcomes.

1145h Moderated Group Question and Answer

**1155h Lunch: All
Exhibitor Booths are open!**

1255h Welcome Back!

Progress Under Pressure

1300h Dr. Verna Yiu

Healthcare workers have risen to many challenges posed by the COVID-19 pandemic. Not only have they responded to day-to-day patient needs, they've also developed new methods for delivering safe, high-quality care, including for patients managing chronic conditions. Dr. Verna Yiu will share her observations of pandemic-era innovations that could benefit patients and the health system in a post-COVID-19 world.

Leading the Way: Provincial, National and International Pain Advocacy

1310h Carol Bennett, Dr. Fiona Campbell, Dr. Michael Gold, Maria Hudspith, Dr. Susan Tupper, Dr. Rob Tanguay and Tracy Wasylak

A global opportunity to hear and learn about unique pain management strategies within Canada, the United States and Australia. This conversational styled panel will seek to engage the audience to hear about updates from each pain organization noting challenges, successes and creating a meaningful dialogue to ask questions and share learnings from each other. Building bridges for a better future for all people living with persistent pain.

Dr. John Pereira: Moderator for Group Question and Answer that will be interwoven.

Suboxone 101

1410h Dr. Rob Tanguay

Buprenorphine/naloxone is recommended as a first-line treatment when prescribing for chronic pain and opioid use disorder. It has an increased safety profile and offers increased flexibility in the dosing schedule when compared to full agonist opioids.

Buprenorphine/naloxone is also a first line treatment for opioid induced hyperalgesia and pain related to high tolerance. For this reason, clients on full agonists often request or require for their prescription to be converted. Buprenorphine/naloxone is a partial opioid agonist, and the conversion process from a full opioid agonist to a partial can be challenging.

This session explores the most current and evidence-informed practices in converting full opioids agonists to partial opioid agonists (BUP-NLX).

By the end of this session, participants will be able to:

1. Identify the advantages and disadvantages of full and partial (BUP-NLX) opioid agonists.
2. Select protocols and practices for a successful conversion from full to partial.
3. Apply strategies for a successful conversion using SROM and micro-dosing.

1440h Moderated Question and Answer

1455h Movement Break for All

1500h Wellness Break: All
Exhibitor Booths are open!

1525h Welcome Back!

Reflections on Equity, Diversity and Inclusion in Pain Management

1530h Dr. Carol Hopkins: Indigenous Wellness - Understanding Culture as the Foundation

Understanding Indigenous world views and knowledge are critical for acting as an ally in taking action for supporting wellness. This presentation will present examples to illustrate the First Nations Mental Wellness Continuum Framework, and new data to demonstrate the difference that culture makes for wellness.

Participants will be challenged to examine ways they can be active in celebrating the strengths of Indigenous people to engage with First Nations in meaningful ways.

1555h Marni Panas: Hardwired? How Our Brain Makes Unconscious Judgments and What We Can Do About It

Are you biased? Well I am. And you are, too. We're all biased. Biases are attitudes and stereotypes that affect our understanding, actions and decisions in an unconscious manner. Bias is activated involuntarily, without intention or control. Unconscious bias causes us to make quick and often, inaccurate judgments based on limited facts and our own life experiences. These judgments can give individuals and groups both an unearned advantage and an unearned disadvantage.

In our everyday lives, when people don't fit our internalized expectations, we can sometimes have difficulty seeing their talents, motivations and potential clearly ... this means we interact with them less effectively. Recognizing we have bias and where our biases come from is one of the first, and the biggest, steps in dealing with the impact of our bias.

This session explores how our brains form unconscious judgements. We review various forms of bias and how those biases impact the decisions we make and our interactions with each other. We will also explore strategies to reduce bias in our day to day lives.

1620h Keith King: Diverse Perspectives in Pain - Taking an Inclusive Lens to Pain Science

Keith is looking forward to sharing his perspectives on positionality and intersectionality as frameworks for viewing peoples' experiences and life stories. Bringing both Indigenous and Queer insights on his years working healthcare service delivery and pain management, Keith hopes to help participants make their practice or research more inclusive.

1645h Dr. Alike Lafontaine: Social Innovation in Equity, Diversity and Inclusion

During this presentation, Dr. Lafontaine will discuss the models of social innovation, outline the role of system stressors, bias and resistance in moving forward EDI in health systems and identify examples of social innovation in equity, diversity and inclusion.

1710h Moderated Group Question and Answer

**1730h Closing comments
Conclusion of our conference day**



Saturday October 16, 2021

Opening and Welcome

Pain in the Urgent Care Centre

What's New in Pain? Part I

Trauma, Illness and Healing in a Toxic Culture: Dr. Gabor Mate: Part I and II

Challenging Chronicity Thoughts: Words Matter

Interdisciplinary Teams - Creating Access in New Ways

Closing Remarks

0800h Welcome and Conference Day Opening: Christelle Zacharki, Janice Rae, Dr. Rob Tanguay, and Dr. Elisabeth Saxton

Pain in the Urgent Care Centre

0805h Dr. Raj Bhardwaj

How do we approach pain in the urgent care and emergency department and how can we do better?

This presentation will draw on the experience of a physician in the Emergency Room to illustrate day to day patient experiences, and provide insight and perspectives from the frontline. Dr. Bhardwaj will also discuss some of the limiting factors and barriers he is challenged with to address people's pain effectively, in an acute-care setting, and how we may overcome some of them.

What's New in Pain? Part I

0820h Dr. Eloise Carr: How Living with a Dog Can Improve Quality of Life and Well-Being for People with Persistent Pain

There is a growing body of evidence that suggests the human-animal bond is associated with many physical, mental and social benefits as well as an improved quality of life for humans. Our program of research exploring human-animal pain interactions (HAPI) has identified ways in which these interactions can be particularly supportive to people with persistent pain. Dr. Carr will share how this research program started, key findings from our studies, and future plans.

0840h Pete Moore: Is Pain Self-Management Your First Choice or Last Resort: 5 Key Coaching Support Skills

Around 15 years ago, I started asking others who were self-managing their pain, what their top five skills were that made them feel like they were in charge and in the driver's seat. Their responses were very pragmatic and included goal setting/action planning, pacing daily activities, problem solving, keeping active by moving, stretching and incorporating exercise, and creating a set backup plan in the event something goes wrong.

This presentation will outline, explore and demonstrate what those skills are, how they are helpful, and how you can incorporate them in your life or share them with your patients.

0900h Dr. Andrea Furlan: How a Pain Doctor is Using Social Media to Spread Knowledge About Chronic Pain

By the end of this session, participants will be able to:

1. Differentiate roles of scientists and healthcare professionals in social media.
2. Recognize opportunities to use social media for knowledge dissemination and relationship building.
3. Compare the advantages and disadvantages of engaging with social media.

0920h Dr. John Pereira: What I learned From Visiting Over 50 Pain Clinics

By the end of this session, participants will be able to:

1. Review of the variation in pain programs.
2. Examine whether pain clinics are function-oriented.
3. Explore an alternate view of goal setting in pain management.

0940h Moderated Group Question and Answer

1000h Movement Break for All

1005h Wellness Break: All
Exhibitor Booths are open!

1030h Welcome Back!

Trauma, Illness and Healing in a Toxic Culture – Part I

1035h Dr. Gabor Mate

Half of North American adults suffer from chronic illness - a fact Western medicine views largely in terms of individual predispositions and habits.

Western medicine imposes two separations, neither tenable scientifically. First, it separates mind from the body, largely assuming that most chronic illnesses have nothing to do with people's emotional and psychological experiences. And yet, a large and irrefutable body of research has clearly shown that physiologic and behavioural functioning of human beings can be understood only if we integrate our body functions with those of the mind: functions such as awareness, emotions, our interpretations of and responses to events, and our relationships with other people. Second, Western practice views people's health as separate from the social environment, ignoring social determinants of health such as class, gender,

economic status, and race. Such factors, in reality, are more important influences on health and longevity than individual predispositions and personal factors such as genes, cholesterol levels, and blood pressure and so on.

This talk shows how a society dedicated to material pursuits rather than genuine human needs and spiritual values stresses its members, undermines healthy child development and dooms many to chronic illness, from diabetes to heart disease, from autoimmune conditions to cancer.

By the end of this session, participants will be able to:

1. Distinguish two separations imposed by Western Medicine on the health and well-being of the population.
2. Name three chronic conditions that are correlated with stressful social environments
3. Describe one shift in focus that would support a healthier population.

Moderated Question and Answers will be interwoven throughout Dr. Mate's presentation.

1205h Lunch: All
Exhibitor Booths are open!

1300h Welcome Back!

Trauma, Illness and Healing in a Toxic Culture – Part II

1305h Dr. Gabor Mate

Moderated Question and Answers will be interwoven throughout Dr. Mate's presentation

Challenging Chronicity Thoughts: Words Matter

1435h Dr. Mick Sullivan, Claudine Adlington and Bonnie Klassen

There is a problematic term in pain management: "pain catastrophizing". No one likes the term, yet these negative thoughts exist, and they get in the way of recovery and even increase risk for ongoing disability. Michael Sullivan, Psychologist, is an expert and researcher in this area and he will guide us through some of the challenges in discussing what he more gently terms "chronicity thoughts" with people who are struggling.

Claudine Adlington has lived with pain herself and she will give her honest feedback on how it felt to be told that her own thoughts were wrong! Yet, she will share how at a low point after 20 years of pain, she was referred to a mental health professional (!) and she opened

herself to these ideas and found value in addressing negative thought patterns that were keeping her from using the full range of pain management tools.

Bonnie Klassen, OT, took some specific tools developed by Michael Sullivan and applied them with her pain management clients to increase her effectiveness with addressing negative thoughts in her clinical practice. These tools will be shared with the World Pain Summit, so that they can be applied more widely by a wide range of health disciplines and peer support workers so that we can all help people get their lives back.

By the end of this session, participants will be able to:

1. Recognize the importance of chronicity thoughts to promote recovery.
2. Plan to learn how to use the “Symptom Chronicity Scale” (SCS) as an outcome measure. It can also apply to other important symptoms besides pain.
3. Acknowledge that chronicity thoughts are typically highly resistant to change.
4. Demonstrate an understanding of how to use of the “Challenging Chronicity Thoughts” handout to directly address and change chronicity thoughts.

1525h Moderated Group Question and Answer

1545h Movement Break for All

1550h Wellness Break: All
Exhibitor Booths are open!

1615h Welcome Back!

Interdisciplinary Teams: Creating Access in New Ways

1620h Dr. Dino Smiljic, Tracy Fossum, Jennifer Stewart

Interdisciplinary care is the gold standard in pain management, and yet access to a clinic offering this type of care is very limited. Tracy Lee Fossum and Jennifer Stewart of HELP Alberta’s Pain, a peer advocacy and support network in Alberta have been thinking outside of the box trying to find low budget, grassroots solutions. They have been helping people with pain to use a shared care plan, patient-centred goals, and sometimes virtual technology to connect their various health professionals into a virtual interdisciplinary pain team.

A key element is engaging with the family physician and building relationships. Dr. Dino Smiljic is a family physician with an interest in chronic pain. He will share his perspectives on the challenges and rewards of involving the patient and their virtual team of healthcare providers

and taking a more coordinated approach to chronic pain in the community. This presentation includes case examples and what has been learned so far, challenges and potential solutions.

By the end of this session, participants will be able to:

1. Explore the possibilities for how interdisciplinary teams can work with people with chronic pain, going beyond the interdisciplinary clinic, to increase access to care.
2. Utilize case examples to illustrate impactful strategies for coordinating community-based teams.

Moderated Question and Answers will be interwoven throughout this presentation.

1750h Closing comments
Conclusion of our Conference Day



Sunday October 17, 2021

Opening and Welcome

What's New in Pain? Part II

Deep Dive into the World of Rheumatology

Sifting Through the Weeds: Applications of Medical Cannabis

Being in the Presence of Pain Without Losing Yourself

Supporting Our Values: 'ACTing' with Empathy and Self Compassion

Closing Remarks and Presidential Succession

Digital Passport Award Winner

PSA World Pain Summit 2021 Concludes

0800h Welcome and Conference Day Opening: Christelle Zacharki, Janice Rae, Dr. Rob Tanguay and Dr. Elisabeth Saxton

What's New in Pain? Part II

0805h Janet Holly: CRPS and Virtual Reality: A New Treatment Paradigm or Snake Oil!

Virtual reality (VR) as a therapeutic tool has evolved from the world of gaming. But is it useful for the management of pain in a complex pain condition such as Complex Regional Pain Syndrome (CRPS)? Or is it hype? VR research has progressed from pure distraction treatments to treatments that attempt to create neuroplastic changes in trials looking at improvements of proprioception, embodiment through the use of VR as well as VR and augmentative reality. This research ranges between case reports to randomized control trials. (Lewis et al., 2015, 2017; Ortiz-Catalan et al., 2016; Matamala-Gomez et al., 2019).

Virtual Reality has been used for the treatment of complex conditions including CRPS for 10 years at the Ottawa Hospital Rehabilitation Centre. Based on successes and failures, a pilot protocol was developed for the treatment of CRPS patients. This presentation will share the critical thinking behind the protocol assessment and treatment choices as well as findings.

0825h Dr. Jillian Vinall Miller: Can Brain Stimulation Enhance Outcomes Associated with Intensive Rehabilitation for Youth with Chronic Pain?

Dr. Miller will present historical outcome data from the intensive pain rehabilitation program (IPRP) at the Alberta Children's Hospital (ACH). She will introduce repetitive transcranial magnetic stimulation (rTMS) and discuss why it was added as a therapeutic intervention to the IPRP at ACH. She will provide an overview of adult chronic pain rTMS intervention studies. Finally, she will present preliminary results from their TMS/IPRP combined intervention study.

0845h Dr. Francois Louw: Psychedelics in Chronic Pain: Opening Up New Treatment Frontiers

We will discuss the anti-nociceptive effects of classic psychedelics (such as psilocybin), focusing on anti-neuroinflammatory properties, effects on decreasing central sensitization, and disruption of the Default Mode Network. The role of related compounds such as ketamine will also be discussed.

0905h Moderated Group Question and Answer

0920h Movement Break for All
0925h Wellness Break: All
Exhibitor Booths are open!

0950h Welcome Back!

Deep Dive into the World of Rheumatology

0955h Dr. Liam Martin: No, You Don't Have Joint Inflammation

In this talk I discuss my approach to assessing a patient with musculoskeletal complaints such as joint pain, muscle pain and weakness. The talk includes the approach to taking a history, performing an examination, developing a differential diagnosis and ordering appropriate tests.

1020h Dr. Dayna Lee-Baggley: Evidence Based Tips for Coping with the Emotional Impact of Chronic Disease and Persistent Pain

Most individuals experiencing chronic disease and/or persistent pain describe significant emotional impacts from their disease but little help regarding how to cope with the emotional impact of their disease.

In this presentation, Dr. Lee-Baggley will describe the interrelationship among physical and emotional symptoms including fatigue, depression, anxiety, and chronic disease distress. She will review the impact of COVID-19 on mental health and chronic disease and review evidence-based tips to cope with chronic disease and persistent pain.

1045h Cheryl Crow: Beyond Joint Pain: Addressing Inflammatory Arthritis from the FULL Scope of Occupational Therapy

This session will explore how occupational therapy can better support the broad needs of people with inflammatory forms of arthritis (with a focus on rheumatoid arthritis). We will explore strategies to address systemic symptoms outside of joint pain, including fatigue management, lifestyle modifications and coping strategies for the frequent stress and anxiety that accompany these diagnoses. The speaker will share her own unique experiences as a rheumatoid arthritis patient and founder of an online arthritis education business.

1110h Moderated Group Question and Answer

1130h Lunch: All
Exhibitor Booths are open!

1225h Welcome Back!

Sifting Through the Weeds: Applications of Medical Cannabis

1230h Dr. Jason Busse: Medical Cannabis for Chronic Pain

This presentation will explore the evidence for benefits and harms of medical cannabis for chronic pain, and the development of a clinical practice recommendation.

By the end of this session, participants will be able to:

1. Define the benefits and harms of medical cannabis for chronic pain, in terms of the magnitudes of effect and certainty of evidence.
2. Review the evidence for medical cannabis as a substitute for long-term opioid therapy.
3. Explore the process of moving from evidence to clinical practice recommendations, including incorporation of patient's values & preferences.

1255h Dr. Hance Clarke: Real World Evidence - Helping Canadians Navigate the Cannabis Landscape

By the end of this session, participants will be able to:

1. Discuss the evolution of cannabis use among Canadians
2. Identify recent evidence regarding cannabis for chronic pain
3. Examine rationale for the Medical Cannabis Real World Evidence (MCRWE), a national research study to understand the effects of medical cannabis over 6 months in adult patients with chronic pain or issues with sleep, anxiety or depression.

1320h Moderated for Group Question and Answer

1335h Movement Break for All: Dana Pederson, A Tribute.

1340h Wellness Break: All
Exhibitor Booths are open!

1355h Welcome Back!

Dr. Pamela Barton Memorial Lecturer: Dr. Kristin Neff

Being in the Presence of Pain Without Losing Yourself

1410h Dr. Kristin Neff

Self-compassion involves treating ourselves kindly, like we would a close friend we cared about. Rather than continually judging and evaluating ourselves, self-compassion involves generating kindness toward ourselves as imperfect humans, and learning to be present with the inevitable struggles of life with greater ease. This talk will present theory and research on self-compassion, which a burgeoning empirical literature has shown to be powerfully associated with psychological wellbeing. It will also discuss the crucial role that self-compassion plays for caregivers in order to reduce burnout.

A practice will be taught that can help caregivers maintain balance in difficult situations involving caring for others.

By the end of this session, participants will be able to:

1. Describe the components and main benefits of self-compassion.
2. Distinguish between empathy fatigue and compassion fatigue.
3. Identify the link between self-compassion, stress, and burnout.
4. Apply self-compassion in caregiving context.

1525h Moderated Group Question and Answer

Supporting Our Values: ‘ACTing’ with Empathy and Self Compassion

1540h Dr. Jaeun Macen: Courage to Go Deeper: Meeting Suffering through Compassion and Self-Compassion

As clinicians, how do we respond internally and externally when we cannot fully resolve pain and eliminate suffering in those for whom we care? How do we care for our own suffering when our best attempts to help are frustrated? Can we still talk about healing when physical healing is not possible? Compassion and self-compassion allow us to go deeper into the places of suffering with the courage to fully experience our humanity. In so doing, we may discover opportunities for healing, not only for our patients, but for ourselves as well. In this presentation, Jaeun will share personal and clinical experiences to open a discussion on the powerful impact of the practice of compassion.

1605h Dr. Elisabeth Saxton: Choose Your Own Adventure. Living Your Values in Your Practice.

Building on the principles of acceptance and commitment therapy, attendees will have the opportunity to engage in a values-based exercise to increase understanding of the broad applicability of ACT for those who are living with pain, and those who work with them.

1630h Moderated Group Question and Answer

1655h Pain Society of Alberta Presidential Succession: Dr. Rob Tanguay and Dr. Elisabeth Saxton
Digital Passport Award Announcement

Closing Comments: Dr. Leroy Little Bear

1735h PSA World Pain Summit Concludes



The Pain Society of Alberta has received an educational grant or in-kind support from the following exhibitors:

Platinum



Silver



Bronze



Not for Profit Organizations



LEAPS

Lending Emotional
And Pain Support

