

## TARGET AUDIENCE

Family Physicians, Pain Physicians, Physiotherapists,  
Chiropractors, Nurses, Residents, Students

## PLANNING COMMITTEE

### **Norm Buckley, BA (Psych), MD, FRCP(C) - Co-Chair**

Professor & Chair  
Department of Anesthesia  
Michael G. DeGroot School of Medicine  
McMaster University, Hamilton, ON

### **Joseph Park, MD, FRCP(C) - Co-Chair**

Interventional Pain Physician, FIPP  
Associate Clinical Professor  
Department of Anesthesia  
Michael G. DeGroot School of Medicine  
McMaster University, Hamilton, ON

### **Ammar Gilani, MD, DABPN**

Associate Professor  
Department of Neurology  
McMaster University, Hamilton, ON

### **Dinesh Kumbhare, MD, MSc, FRCP(C)**

Associate Clinical Professor, Dept. of Medicine  
Michael G. DeGroot School of Medicine  
McMaster University, Hamilton, ON

### **David McCann, MD, CCFP, FAASFP, MPH**

Assistant Professor  
Department of Family Medicine  
McMaster University, Hamilton, ON

### **Sheilah Laffan, Program Administrator**

Continuing Health Sciences Education  
Faculty of Health Sciences  
McMaster University, Hamilton, ON

**Saturday, September 17, 2011**  
**Hamilton Convention Centre**

1 Summers Lane, Hamilton, ON

**FOLLOW US!**

@McMaster\_CHSE



Download this brochure

## OBJECTIVES

- To familiarize with diagnosis, conservative and interventional treatment available for common chronic pain.
- To familiarize with the use, complications, & limitations of opioids for chronic pain management.

## For More Information

**Sinead Irvine**, Event Coordinator

Continuing Health Sciences Education  
McMaster University, MDCL 3510

1280 Main Street West, Hamilton, ON L8S 4K1

Phone: 905-525-9140 ext. 22990 Fax: 905-572-7099

Email: [irvine@mcmaster.ca](mailto:irvine@mcmaster.ca)

[www.fhs.mcmaster.ca/conted](http://www.fhs.mcmaster.ca/conted)

# morning

# afternoon

08:00-08:30am **CONTINENTAL BREAKFAST**

**AM Session** OPIOID FOR NON CANCER CHRONIC PAIN  
**Moderator - Dr. Norm Buckley**

08:30-08:55am "Use of Opioid for Non Malignant Chronic Pain - Recommendations for Practice from National Opioid Use Guideline Group (NOUGG)"  
**Norm Buckley, BA (Psych), MD, FRCP(C)**  
Professor and Chair  
Department of Anesthesia  
Michael G. DeGroote School of Medicine  
McMaster University, Hamilton, ON

08:55-09:20am "Avoiding Abuse, Achieving Balance; Tackling the Opioid Public Health Crisis"  
**Ms. Louise Verity**  
Associate Registrar; Director, Policy & Communications  
College of Physicians & Surgeons of Ontario

09:20-09:45am "Pain Management of Opioid Addicted Patients"  
**Meldon Kahan, MD, CCFP, FRCPC**  
Medical Director, Addiction Medicine Service  
St. Joseph's Health Centre in Toronto  
Associate Professor, Department of Family and Community Medicine University of Toronto  
Toronto, ON

09:45-10:10am "Neuropathic Pain"  
**Allan Gordon, MD, FRCP(C)**  
Neurologist & Director  
Wasser Pain Management Centre  
Co. Medical Director  
Mount Sinai Function and Pain Clinic  
Toronto, ON

10:10-10:30am **NUTRITIONAL BREAK**

10:30-11:15am "Patient Stories - Addiction/ Diversion /Under Treatment"  
**Joseph Park, MD, FRCP(C)**  
Interventional Pain Physician, FIPP  
Director of Pain Fellowship Program  
Associate Clinical Professor  
Department of Anesthesia  
Michael G. DeGroote School of Medicine  
McMaster University, Hamilton, ON

11:15-12:00pm "Ask the Experts" - Case Presentations  
**Moderator: Dr. Ammar Gilani**

- Dr. Norm Buckley
- Dr. Dinesh Kumbhare
- Dr. Meldon Kahan
- Dr. Allan Gordon

12:00-12:45pm **LUNCH**

**PM Session** MYOFASCIAL PAIN  
**Moderator - Dr. Dinesh Kumbhare**

12:45-02:45pm "New Frontiers in the Pathophysiology of Neuromusculoskeletal Pain":  
**Jay P. Shah, MD, FAAPMR**  
Senior Staff Physiatrist and Clinical Investigator  
Bethesda, Maryland

02:45-03:00pm **NUTRITIONAL BREAK**

03:00-04:00pm "TPI Vs. Parvertebral Block for Myofascial Pain"  
**Dinesh Kumbhare, MD, MSc, FRCPC(C)**  
Associate Clinical Professor, Dept. of Medicine  
Michael G. DeGroote School of Medicine  
McMaster University, Hamilton, ON

**Harsha Shanthanna, MBBS, MD, DNB, FIPP**  
Clinical Fellow Pain Management  
McMaster University  
Hamilton, ON

\*Program subject to change

# agenda

# general information

## STUDY CREDITS

As an organization accredited to sponsor Continuing Medical Education for Physicians, by both the Committee on Accreditation of Canadian Medical Schools & the Accreditation Council for Continuing Medical Education of the United States, Continuing Health Sciences Education, McMaster University designates this educational program as meeting the criteria for:

### The College of Family Physicians of Canada Mainpro-M1

This educational program meets the accreditation criteria of The College of Family Physicians of Canada, & has been accredited for **6 Mainpro-M1 credits**.

### The Royal College of Physicians & Surgeons of Canada

This educational event is approved as an Accredited Group Learning Activity under Section 1 of the Framework of CPD options for the Maintenance of Certification Program of The Royal College of Physicians & Surgeons of Canada for a maximum of **6 credits per participant**.

### American Medical Association PRA Category 1

This educational activity is approved for a maximum of **6 hours in Category 1** credit towards the **AMA Physician's Recognition Award**.

**Each physician should claim only those hours of credit that he/she actually spent in the educational activity.**

## DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In keeping with accreditation guidelines, McMaster University; Continuing Health Sciences Education requires all speakers

& planning committee members participating in this event to disclose any involvement with industry or other organizations that may potentially influence the presentation of the educational materials or program being offered. Disclosure may be done verbally or using a slide prior to the speaker's presentation.

## CONFIRMATION OF REGISTRATION

A written acknowledgement of your registration will be sent prior to the event should you provide CHSE with your email address. Receipts will be provided in your registrant package.

## CANCELLATION POLICY

The University reserves the right to cancel a course due to insufficient registration or any circumstances that are beyond our control. Cancellations received before **September 2, 2011**, will be refunded less a 25% administrative fee. No refunds will be issued for cancellations received after this date.

## LIABILITY

**Continuing Health Sciences Education (CHSE) hereby assumes no liability for any claims, personal injury, or damage:**

- To any individual attending this conference.
- That may result from the use of technologies, program, products and/or services at this conference.
- That may arise out of, or during this conference.



## DIRECTIONS to Hamilton Convention Centre 1 Summers Lane, Hamilton, ON L8P 4Y2

### From Toronto

- QEW to Highway 403 West Hamilton
- Take the Main St. East exit & follow directional signs to the facility (1/2 block east of Bay St.)

### From Guelph

- Highway 6 South to Highway 403 West Hamilton
- Take the Main St. East exit & follow directional signs to the facility (1/2 block east of Bay St.)

### From Niagara/ Buffalo

- QEW Hamilton (approx. 86 km) to Highway 403 West Hamilton
- Take the Main St. East exit & follow directional signs to the facility (1/2 block east of Bay St.)

# Registration Form

5th Annual Interventional Pain Conference

## REGISTRATION FEES

|                                 |          |
|---------------------------------|----------|
| Physicians                      | \$150.00 |
| Other Health Care Professionals | \$100.00 |
| Students                        | \$75.00  |

I **CONSENT** to having my name, address & email added to the CHSE mailing database for upcoming CME opportunities.  Yes  No

I **CONSENT** to having my name appear on a published registrant list.  Yes  No

Dr.  Mr.  Mrs.  Miss.  Ms.

This is an electronic PDF form. You can type directly on the form using any PDF software. You must then print & submit it to us via mail, fax or in person. This is **NOT** an online registration. To register online visit: [chse.mcmaster.ca/eventschedule.html](http://chse.mcmaster.ca/eventschedule.html)

Surname

Given

Profession:  FP  Spec  RES  RN  RN(EC)  PT  CHIRO  Student  Other

Address

City  Province  Postal Code

Area Code  Phone  -  Area Code  Fax  -

Email

Payment By:  Visa  M/C  AMEX  CHEQUE  Pls make cheque payable to "McMaster University" Amount:  CVD:

CARD NUMBER

Expiry: Month  Year  Signature

**SPECIAL DIETARY REQUIREMENTS:**  
 For those with special dietary needs some accommodation may be available:  
 Vegetarian: \_\_\_\_\_ Other: \_\_\_\_\_

**PEOPLE WITH ACCESSIBILITY NEEDS REQUIRED?:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

The information on this form is collected under the authority of the McMaster University Act, 1976. The information will be used for administrative purposes, including: your registration in the course; preparation of course materials for your use & to notify you of other courses or pertinent information. Financial information will be used to process applicable fees & will be retained for future reference. This information is protected & is being collected pursuant to section 39(2) & section 42 of the Freedom of Information & Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210 McMaster University.



**REGISTER ONLINE: [www.fhs.mcmaster.ca/conted](http://www.fhs.mcmaster.ca/conted)**



**REGISTER BY PHONE**  
 Call **905 525-9140 ext 22671**  
 (Visa, MasterCard or AMEX are accepted)



**REGISTER BY FAX**  
 Fax a completed registration form with a Visa, MasterCard or AMEX number to **905-572-7099**



**REGISTER IN PERSON**  
 Bring your completed registration form with Visa, MasterCard, AMEX, cheque or cash payment to the Continuing Health Sciences Education MDCL 3510 office, Monday to Friday between the hours of 9:30 am – 4:00 pm



**REGISTER BY MAIL**  
 Send your completed registration form to:  
**c/o Rose Galano**  
 Continuing Health Sciences Education (CHSE)  
 McMaster University  
 1280 Main St. W., MDCL 3510, Hamilton, ON L8S 4K1  
 Email: [cme@mcmaster.ca](mailto:cme@mcmaster.ca)