



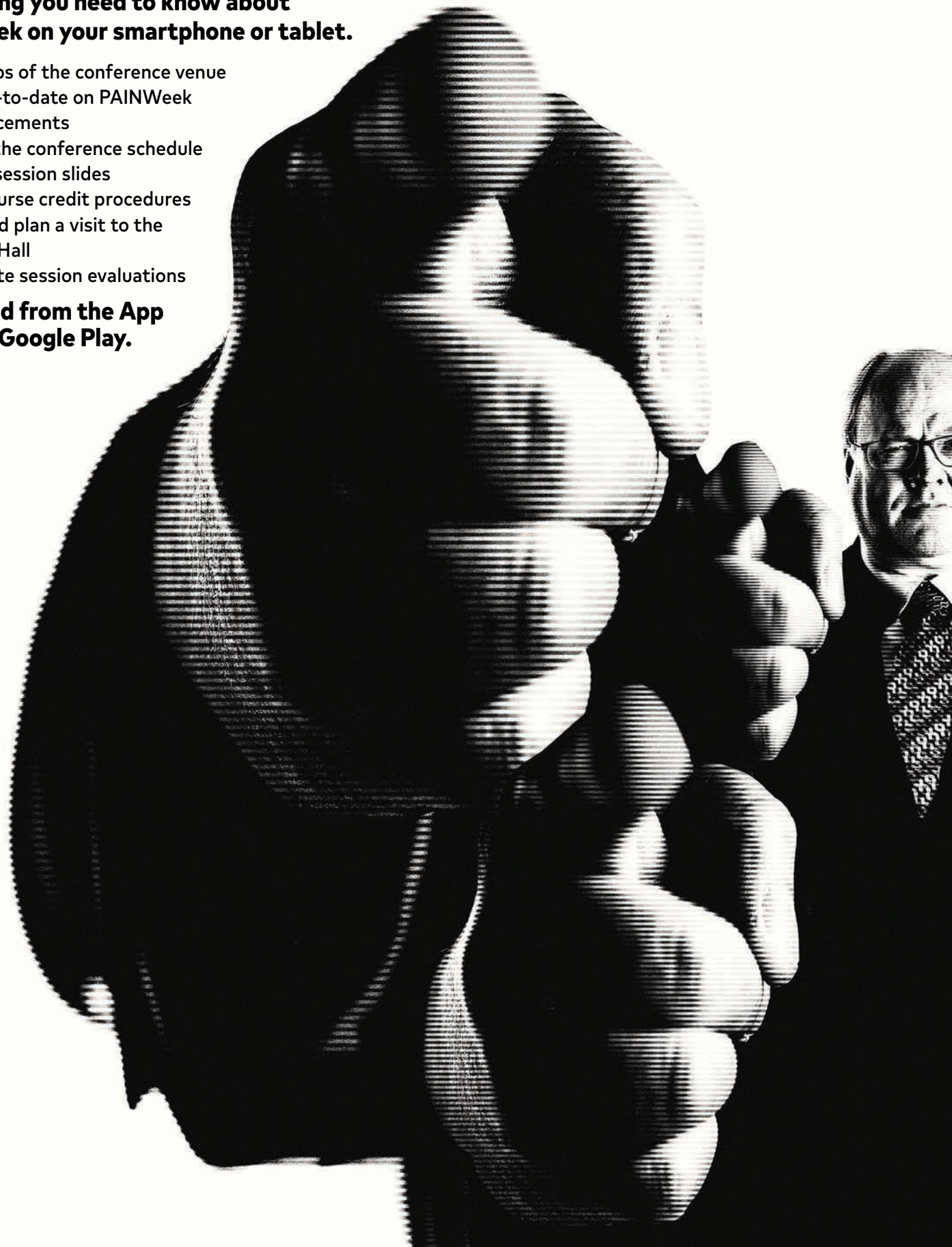
**education is the best analgesic.**

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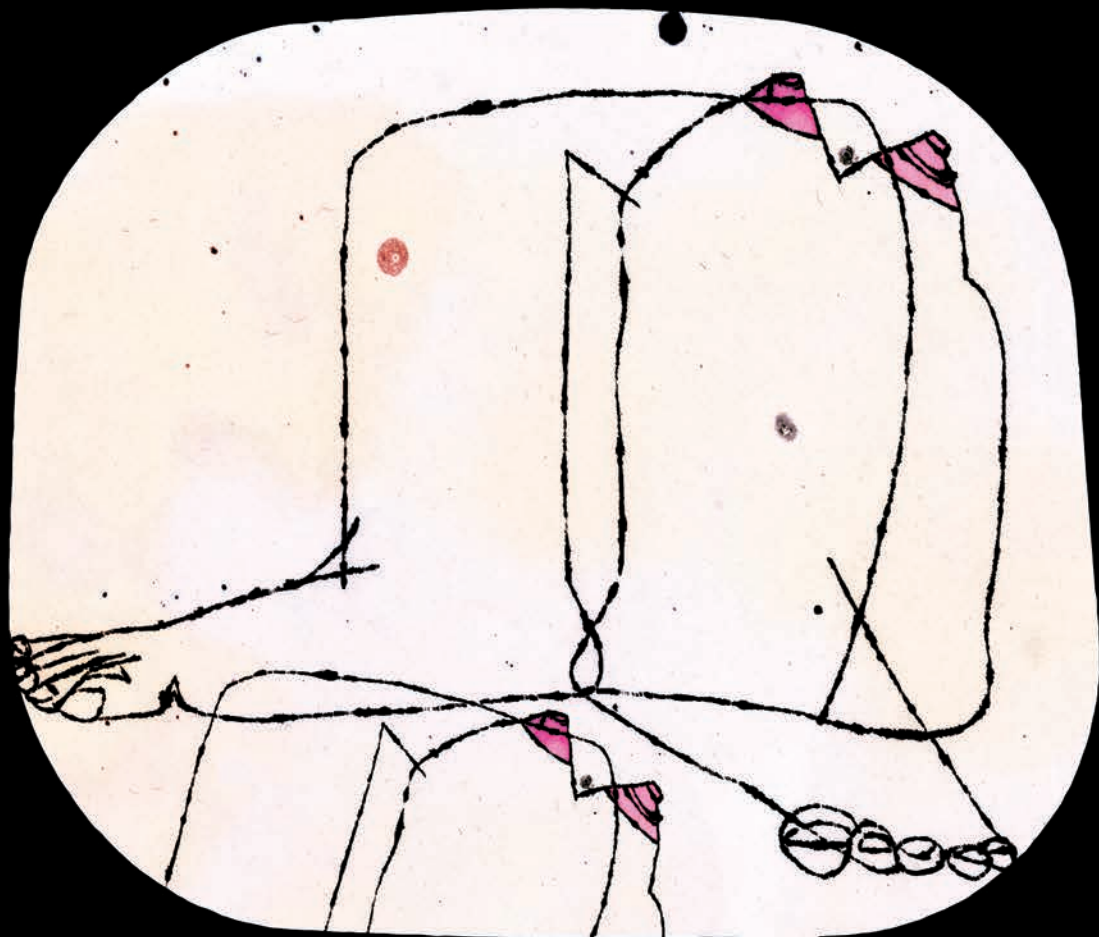


**Make that first on your list.**



**And now...**





*Olivia '22*

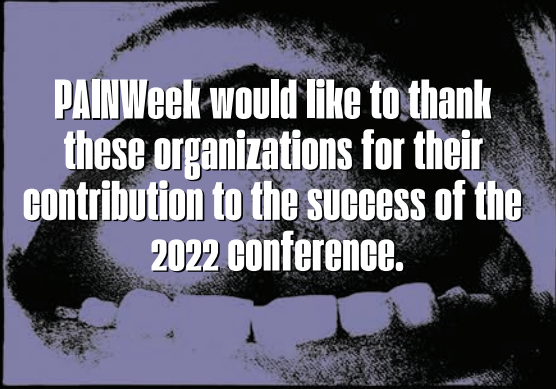
jorge carrillo

# HELP!

resources for managing  
female chronic pelvic pain in  
a busy clinical practice

thursday





**PAINWeek would like to thank  
these organizations for their  
contribution to the success of the  
2022 conference.**

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# **THANK YOU!**

# WiFi

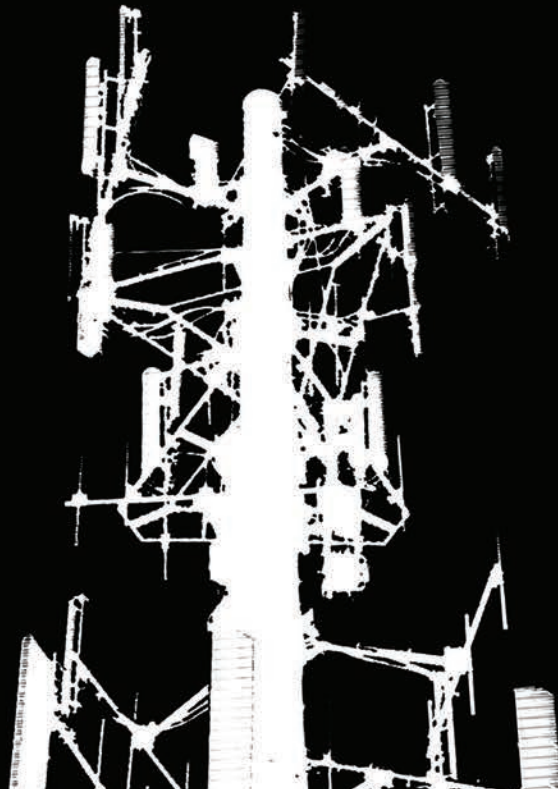
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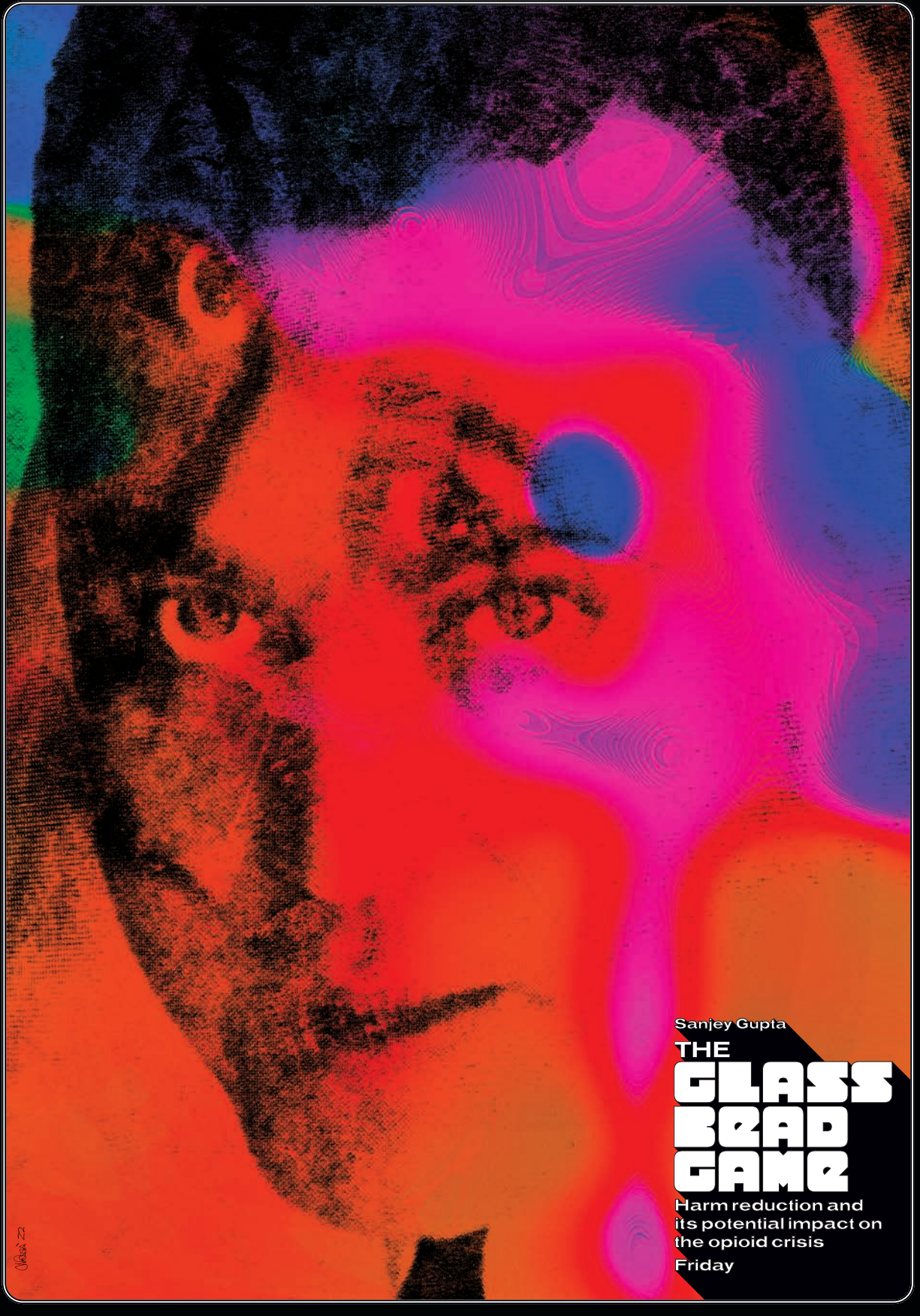
**an overview  
for conference  
attendees on the  
cme curriculum,  
faculty, satellite  
programs, and  
more!**



**ONOR**

**monday, september 5 6:00p – 8:00p  
level 4 ● nolita 3**





Sanjey Gupta

**THE  
GLASS  
BRAD  
GAME**

Harm reduction and  
its potential impact on  
the opioid crisis

Friday

© 2022

**Administration**

ART AND GRAPHIC DESIGN  
**Darryl Fossà**

BUSINESS DEVELOPMENT  
**Monique Michowski**

CLIENT SERVICES  
**Charlie Frometa**

CLINICAL CONTENT  
**Anmole Bolla PHARMD**  
**Sabreet Dhillon PHARMD**

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**Debra Weiner**

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- ACCOUTREMENTS ..... 11
- WELCOME ..... 12
- ABOUT US ..... 14
- CONFERENCE FLOOR PLAN ..... 16
- KEYNOTE ..... 18
- WELCOME RECEPTION ..... 21
- ACCREDITATION ..... 22
- AGENDA ..... 25
- FACULTY ..... 35
- SATELLITE EVENTS ..... 43
- COURSE DESCRIPTIONS ..... 55
- EXHIBITORS ..... 89

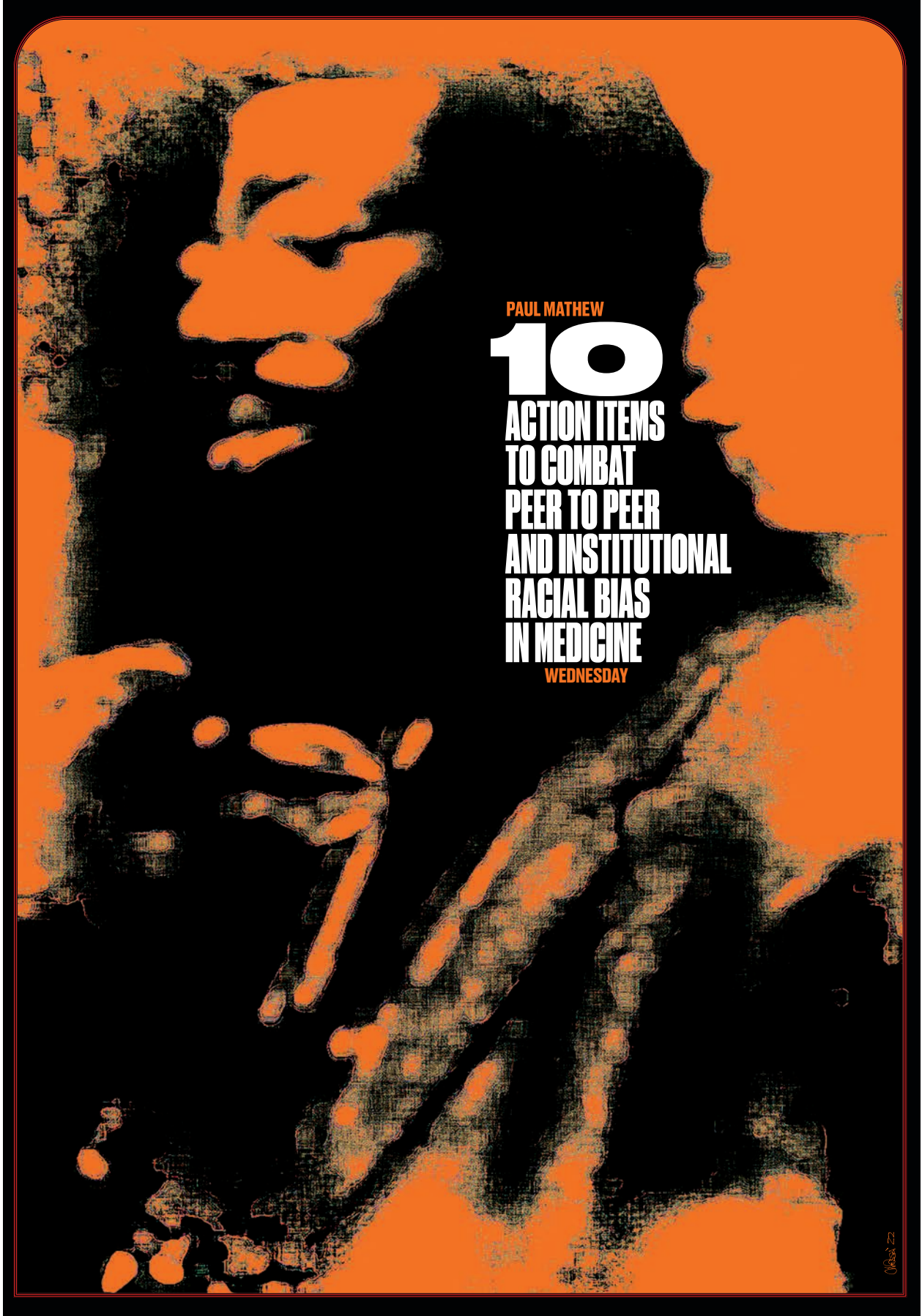


Name badges issued from the registration desk must be worn for admittance to all PAINWeek 2022 events. The front of the badge contains attendee information and a barcode that can be quickly scanned to capture data. Badges are also equipped with radio frequency identification—RFID—chips for passive tracking only on the conference floors to assist with CE evaluations. Information collected by scanning into PAINWeek core sessions will only be utilized by PAINWeek and Global Education Group for the purpose of processing your CME application and certificate. If you scan your badge at a satellite event or exhibit booth, your information (name, address, degree, specialty, company, telephone, fax, NPI, and email address) will be provided to the party who scanned your badge. Please note: To comply with Sunshine Act reporting and corporate policies, third-party program organizers may not allow access to their program without scanning.

If you lose your name badge, go to the registration desk on Level 4. There is a \$100 fee for replacement badges. A photo ID will be required.

Information provided was accurate as of 8/19/2022. For the most up-to-date information please visit [pain.sh/painweek2022](http://pain.sh/painweek2022)





PAUL MATHEW

# 10

**ACTION ITEMS  
TO COMBAT  
PEER TO PEER  
AND INSTITUTIONAL  
RACIAL BIAS  
IN MEDICINE**

WEDNESDAY

01/23/22





# AGGOUTREMENTS

welcome  
about us  
conference floor plan  
keynote  
welcome reception  
accreditation



# WELCOME!

**Kevin Zacharoff** MD, FACIP, FACPE, FAAP  
*Senior Faculty Member*

## **Dear PAINWeek Delegates:**

On behalf of the entire team, it is with heartfelt pleasure, and a bit of sadness, that I welcome both new and returning attendees to PAINWeek 2022!

First the pleasure. There was no speculation this year as to whether this meeting would be in-person or virtual, and that is fantastic! Even as we continue to navigate the public health issues we collectively face, it seems we are closer to a pre-COVID mindset than last year, and I think I can speak for all of us when I say that is a wonderful thing. I'm fully expecting the "heartbeat" of this year's 16th National Conference to be bounding, strong, and healthy. Those things that have and continue to make PAINWeek such a compelling conference will be evident this year with a broad variety of clinically relevant CE/CME courses to choose from and, as always, a voice that is directed to each of us as members of the pain community, regardless of our specific discipline or interests. Collectively, whether we are members of the faculty, attendees seeking knowledge, or some degree of both, what continues to make this meeting work is that we come together in our mission to improve what we can do for patients with pain, and how well and safely we can do it.

## There has been

no shortage of developments that we will need to be updated about and discuss this year, in addition to covering all the traditional bases. As many of you know, after 6 years of heated debate and controversy since the release of the original CDC Guideline for prescribing opioid analgesics in a primary care setting, the Centers for Disease Control and Prevention is revising them. If social media is any indicator, it seems that along with many of the presentations discussing this topic, there will be much for us to contemplate—both in and in-between sessions—about the soon to be released revision of this Guideline. Additionally, topics like bias, discrimination, disparate patient populations, and social determinants of health continue to bubble to the surface of things we need to grapple with and work through in pain care—together. We are starting to see the literature and media outlets address the negative consequences of reduced opioid prescribing, forced tapering, and simple refusal to prescribe opioids, along with the fact that overdose deaths continue to rise to record levels despite these efforts. It's up to us to really talk with each other about where our responsibilities begin and end (if they do end) with respect to this ongoing tragedy our society faces.

Now for the bit of sadness... Typically, at this point in the Welcome Letter, I say something like "I have said it and it bears repeating because it is true: The PAINWeek annual conference has a distinct pulse, and *you* are the heartbeat." I have come to realize that this is inaccurate. It should be **"together we are the heartbeat."** I honestly believe that from top to bottom, from meeting organizers to faculty to attendees, we collectively make PAINWeek have an identity, we make it relevant, and we make it worthwhile year after year. But this year we will be missing an especially important "beat" that affects our rhythm tremendously. On May 27, 2022, we lost our deeply beloved and globally respected faculty member, friend, colleague, mentor, and pain treatment authority, **Jeffrey Fudin, PHARM D, FCCP, FASHP, FFSMB.** It is not possible to overstate the impact that Dr. Fudin had at PAINWeek, and on the management of pain overall. The common phrase that "in the final analysis, nobody is irreplaceable," is, in this case, incorrect. Since 1982, Dr. Fudin influenced the spin of the pain world with his writings, his teachings, his voice, and most importantly, *his heart.* Jeff played an integral role in maintaining the vibrancy of this meeting and, in many cases, the people who attended it. Jeff's passing will have an everlasting impact on the landscape of pain education. I was fortunate to be in near constant communication with Jeff over the course of the year prior to his passing, by phone, text, email, or an in-person visit. One of the correspondences I will cherish the most was 3 months before his death, when he texted me that he was aware of just how much I genuinely cared about him, and he thanked me for "having a HUGE heart that helps mine continue to beat." We have lost a pillar of pain medicine, and we *will forever miss* our "Saxiest Man Alive."

As we come together for this year's annual conference, I encourage you to make the most of it. Please do say "Hello!" if you see me, if for no other reason than to share a memory or thought about our beloved Dr. Fudin. He will be there with us in spirit.

@painweek   



# ABOUT US...

**“I didn’t arrive at my understanding of the fundamental laws of the universe through my rational mind.”** —Albert Einstein



By Debra Weiner

## **I'm not sure that I understand** how we've arrived at our 16th year.

Luck? Hard work? Intuition? Probably a combination of all three.

It seems like only yesterday we were taping the wires down on the carpets at the Red Rock, staying up until 3:00 am loading slides onto laptops and doing sound checks. It was exhausting and exhilarating all at the same time. While we are fortunate enough to now have a full A/V team, we haven't strayed too far from our roots. Our fingerprints can be found on everything from the conference tote bags to the attendee badges and the FedEx pallets, swathed tightly in cling wrap, which leave our New Jersey office two weeks prior to our landing in Las Vegas.

I would say that 90% of the decisions we have made leading up to this point were not a product of rational thinking. Our approach has been pure intuition combined with *magical* thinking. An elegant combination of grandiosity and pseudo austerity. When we were on financial fumes and didn't have the luxury of auto-paying our bills, we were still enjoying wonderful adventures to Europe, courtesy of our Aventine Co. American Express Membership Rewards points.

Just to be clear, there have been numerous speedbumps along the way. Let's just say that the first quarter of 2022 was the equivalent of a transatlantic flight with extensive turbulence. Several drinks bounced off their tray tables, and there were a few audible shrieks before the plane landed safely. Three of our crew moved on to a new carrier, and we welcomed three new faces on board as we moved into spring.

**Carli Rowe** joined us as Senior Program Director and hit the ground running with her expansive Virgo personality, ie, grounded, organized, and rigorous. **Monique Michowski** took the reins as Vice President, Business Development. She delights in travel, fashion, cooking, and bottles her own wine, Dieci Amici. **Cat Rogers** jumped on board as Manager, Exhibit and Sponsorship Sales. She is a high-energy person who enjoys the beach, her dogs, her family, and building her book of business. Late last year, **Anmole Bolla** joined our clinical team and works with **Sabreet Dhillon** on grants and our conference scientific poster session. He is a fan of home design, the NBA and would like his next vacation to be a trip to the Maldives. Sabreet started out with a liberal arts degree then shifted gears. Like Anmole, she eventually became a PharmD, and appreciates that her position allows her to bring "scientific method to creative madness." It took a very short time for **Charlie Frometa** to seamlessly take on the role of Director, Client Services, following the departure of a former crew member. He prefers vodka drinks, loves travelling, and the Wu-Tang Clan. **Adam Marks** expanded his enviable digital acumen to become Director, Digital Strategy. Adam likes coupons, fountain sodas, and fishing. **Patrick Kelly** continues to look like a rock star with his gorgeous salt and pepper hair and keeps things moving as Director, Multimedia Production. He collects baseball cards and adores overstuffed sandwiches. With so many different facets to the PAINWeek production, it's all too easy to make mistakes and forget what element we're working on. **Holly Caster**, our Editorial Director, has a rather broad job description that spans managing our content for live and digital activities to wielding the red pen that preempts embarrassing errors. She is a vegan Virgo, sharing similar traits as Carli, and loves cats, reading, tattoos, and riding in helicopters.

That leaves the "**thruple**"—Jeffrey, Darryl, and me. Our roles are as follows: Jeffrey is the pilot, I determine where we're going, and Darryl designs the look and feel of the plane. Sleek and elegant, with a mid-century Pan Am vibe, one that will hopefully take us to Berlin in the fall.

**This is us.**





friday

kate schopmeyer



contextual factors and their effect  
on therapeutic outcomes

**“The **skinny guy** in the  
ever-present bow tie was  
one of the bravest guys  
I have ever met.  
Of course, we will miss his  
knowledge, insight,  
and wit, but more than  
anything we will miss  
his courage.”**

—Steve Passik

A TRIBUTE TO **JEFFREY FUDIN**

# MEET ME AT THE CORNER OF OPPORTUNITY AND ADVERSITY



**JEFFREY BETTINGER**  
**MICHAEL CLARK**  
**MICHAEL SCHATMAN**  
**KEVIN ZACHAROFF**  
and MORE!

**KEYNOTE**  
**WEDNESDAY**  
**4:40P – 5:30P**  
**MONT-ROYAL BALLROOM**





"From the first day I trained with you, it was that positivity and enthusiasm that made me fall in love with pain management and want to invest more of myself to be like you."

—Tim Atkinson

"Jeff was the quintessential teacher and mentor. To honor his legacy, I will be asking myself 'WWJD—What would Jeff do?' and strive to be the teacher and mentor to my students and residents that he was to me and so many others!"

—Abigail Brooks

"I met Jeff at another conference and really got to know him through PAINWeek. I took a chance to see if he'd be willing to collaborate to help me get my foot in the door with lecturing and publishing and he agreed! He took me under his wing, and here I am now a member of the PAINWeek faculty family. I owe much of my success to him. He was a fantastic mentor always finding time to answer a question via text or provide edits. I hope to honor him through my mentorship and training of pharmacists!"

—Courtney Kominek

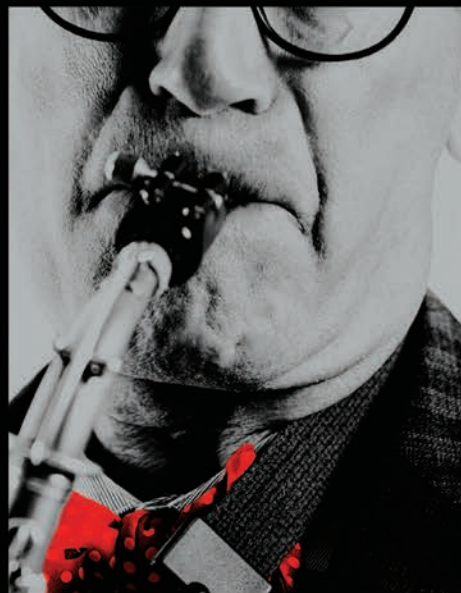
"I have dear friends who have my back professionally. I also have dear friends who have my back on a more emotional level. To Jeff, there was no distinction; having one's back meant being there on EVERY level. Whether providing guidance to my son or to me or making sure that I had a place at the table for myriad research and consulting projects in which he was involved, he believed that 'a friend is a friend is a friend' irrespective of the context. That's what love is about. That's what Jeff was about."

—Michael Shatman

"So, my drunken ass ended up riding shotgun, my future father-in-law, mentor, colleague, and best friend driving at the helm, as we rolled down Delaware Avenue in his cherry red 2007 Mustang GT at one in the morning with Glenn Miller blasting aloud from the stereo and Jeff blabbering on about something likely pain related... Damn, I felt 10 feet tall that night, like I was some young Matthew McConaughey on the set of *Dazed and Confused* about to set my destiny into motion. You know, Alright, Alright, Alright... But, that's how he made me feel, that's how he made so many of us feel. He somehow gave us that underestimated, yet so well deserved confidence that allowed us to become the best versions of ourselves. Even if we didn't see it at the time."

—Jeffrey Bettinger

# JEFFREY FUDIN SAXIEST



MAN EVERY!!!





# WELCOME

RECEPTION

wednesday ● 5:30p - 7:30p ● exhibit hall



# ACCREDITATION

## PainWeek 2022

September 6–9

Las Vegas, NV

This activity is provided by Global Education Group.



### Target Audience

The educational design of this activity addresses the needs of frontline clinicians: physicians, nurses, nurse practitioners, physician assistants, and pharmacists involved in managing acute and chronic pain.

### Statement of Need/Program Overview

PAINWeek® provides practical knowledge and tools for healthcare providers managing acute and chronic pain.

### Educational Need

“Chronic pain is on the doorstep of every healthcare provider on Main Street. It doesn’t matter whether you’re in Kentucky or Iowa or Ohio or California or New York, it is everywhere. To me, someone who says to a patient ‘I don’t treat chronic pain because I’m not a pain management physician’ is really saying there are only 7,000 board certified pain clinicians in the United States. That’s a fact. More or less 7,000 vs the number of people in the United States who suffer with chronic pain which, according to the Institute of Medicine, is somewhere around a 100 million people. If you do the math, there’s not enough healthcare providers in that 7,000 to see patients 24 hours a day, 7 days a week, 365 days a year.”

— Kevin L. Zacharoff MD, FACIP, FACPE, FAAP

Over 90 hours of content will be presented!

### Learning Objectives

After attending PAINWeek® 2022, learners should be better able to:

- Explain basic diagnostic procedures to identify acute and chronic pain conditions
- Describe how marginalized or minority patients present with higher pain prevalence rates and experience less adequate assessment, treatment, and favorable outcomes compared to their majority counterparts
- Review the risk factors and natural history of common entrapment neuropathies
- Identify the concerns and risks associated with undisposed opioids
- Review practical strategies for establishing a Transitional Pain Service
- Describe a patient-centered approach to chronic pain management
- Cite current medical/legal issues impacting pain management
- Identify the potential to positively impact patient care using interactive case discussions

For full learning objectives, faculty, and agenda please visit [pain.sh/painweek2022](http://pain.sh/painweek2022).

### Physician Accreditation Statement

Global Education Group is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### Physician Credit Designation

Global Education Group designates this live activity for a maximum of 28.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### ABIM MOC Recognition Statement

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 28.0 MOC point amount and medical knowledge MOC in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

### Nursing Continuing Education

Global Education Group is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

This educational activity for 28.0 contact hours is provided by Global Education Group. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

### Pharmacist Accreditation Statement



Global Education Group is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education with Commendation.

### Credit Designation

Global Education Group designates this continuing education activity for 28.0 contact hour(s) (2.80 CEUs) of the Accreditation Council for Pharmacy Education.

*This is a knowledge-based activity.*

Please see [pain.sh/painweek2022](http://pain.sh/painweek2022) for full ACPE information and UAN numbers.

**PHARMACY LEARNERS: Instructions for Credit**—In order to receive credit, pharmacist participants must complete an entire course, complete the posttest, and fill out the application and evaluation form. This will be sent to you via email after the conference. Please note that an NABP number and date of birth (MMDD) will be required to complete these forms and earn credit.

### Psychology Accreditation Statement

Global Education Group (Global) is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. Global maintains responsibility for this program and its content.

This activity offers a maximum of 28.0 CE credits for psychologists. The instructional level of this activity is Intermediate.

Please note: Attendance of psychology learners will be monitored. As with all conference participants, psychology learners will be required to scan in using their coded badge. Psychology learners must then formally sign out for each session in which they are applying for continuing education credit.

### Nurse Practitioner Continuing Education



American Association of  
NURSE PRACTITIONERS

Global Education Group is accredited by the American Association of Nurse Practitioners

as an approved provider of nurse practitioner continuing education. Provider number: 110121. This activity is approved for 28.0 contact hour(s). Please see [pain.sh/painweek2022](http://pain.sh/painweek2022) for pharmacology hours.

### Physician Assistants

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 28.0 hours of Category 1 credit for completing this program.

### Global Contact Information

For information about the accreditation of this program, please contact Global at 303-395-1782 or [cme@globaleducationgroup.com](mailto:cme@globaleducationgroup.com).

### Instructions to Receive Credit

In order to receive credit for this activity, the participant must complete and pass the posttest with a score of at least 70% and complete the evaluation/application for credit. Certificates will then be available for download. Pharmacists: credit will be awarded via CPE Monitor 60 days post the live meeting.

### Fee & Refund/Cancellation Policy

Please note that registration fees apply to this conference. See [www.painweek.org](http://www.painweek.org) for the cancellation policy.

### Disclosure of Conflicts of Interest

Global Education Group (Global) adheres to the policies and guidelines, including the Standards for Integrity and Independence in Accredited CE, set forth to providers by the Accreditation Council for Continuing Medical Education (ACCME) and all other professional organizations, as applicable, stating those activities where continuing education credits are awarded must be balanced, independent, objective, and scientifically rigorous. All persons in a position to control the content of an accredited continuing education program provided by Global are required to disclose all financial relationships with any ineligible company within the past 24 months to Global. All financial relationships reported are identified as relevant and mitigated by Global in accordance with the Standards for Integrity and Independence in Accredited CE in advance of delivery of the activity to learners. The content of this activity was vetted by Global to assure objectivity and that the activity is free of commercial bias.

All relevant financial relationships have been mitigated.

The planners and managers have the following relevant financial relationships with ineligible companies:

Name of Planner or Manager	Reported Financial Relationship
Rhys Williams MSN, FNP-C, RN, NRP	Nothing to disclose
Kristen Delisi NP	Nothing to disclose
Lindsay Borvansky	Nothing to disclose
Andrea Funk	Nothing to disclose
Amanda Glazar	Nothing to disclose

### Americans with Disabilities Act



Event staff will be glad to assist you with any special needs (ie, physical, dietary). Please contact Patrick Kelly at (973) 415-5109 prior to the live event.

### Disclosure of Unlabeled Use

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. Global Education Group (Global) does not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of any organization associated with this activity. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

### Disclaimer

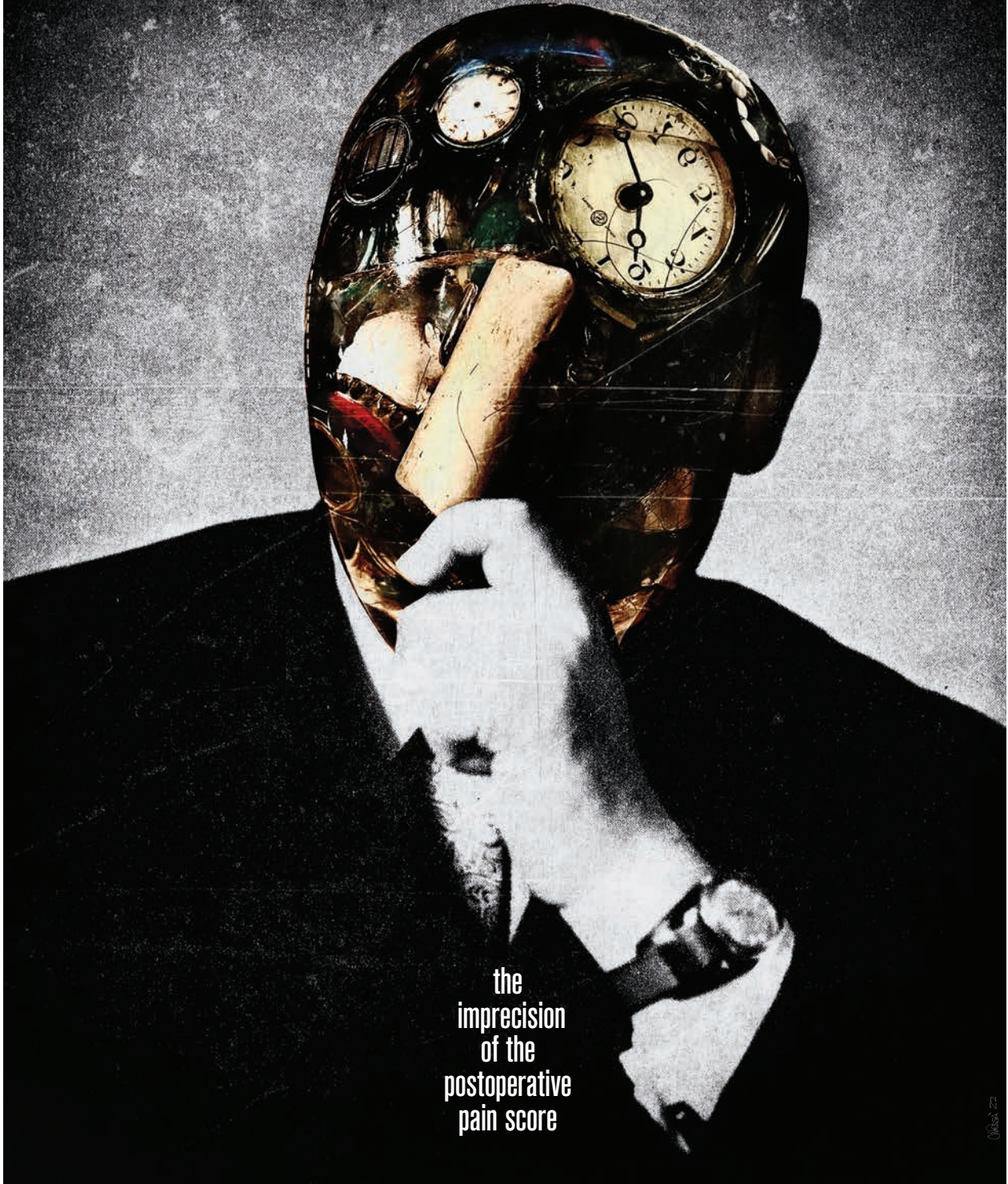
Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.



michael bottros

# NO TIME LIKE THE PAST!

thursday



the  
imprecision  
of the  
postoperative  
pain score

J. Bottros '22





# AGENDA

# TUESDAY

7:30a – 8:20a	<b>BHV</b> 01	<b>What's Eating You?</b> The Complexities of Eating Disorders and Chronic Pain ..... L4 ● Nolita 1 <i>Melissa Geraghty</i>
7:30a – 8:20a	<b>CBN</b> 01	<b>How Green Is My Valley:</b> Newly Discovered Cannabinoids and Their Possible Medical Uses ..... L3 ● Gracia 1 <i>Jeanette Jacknin</i>
7:30a – 8:20a	<b>PHM</b> 01	<b>Trash the Stash:</b> Safe Opioid Disposal ..... L4 ● Nolita 3 <i>Jasmine Carpenter Lindsay Wells</i>
8:30a – 9:30a	<b>PDM</b> 01	<b>Fighting Fire With Fire!</b> Join us for a Spicy Breakfast and a Conversation about Care Challenges in Treating Painful Diabetic Neuropathy of the Feet* <i>Sponsored by Averitas Pharma, Inc.</i> <b>Breakfast will be served</b> ..... L3 ● Brera Ballroom <i>Jeremy A. Adler Steven P. Stanos</i>
9:40a – 10:30a	<b>ASIPP</b> 01	<b>The Tangler:</b> Evidence Based Minimally Invasive Interventions for Chronic Low Back Pain ..... L3 ● Gracia 3 <i>Kiran V. Patel</i>
9:40a – 10:30a	<b>BHV</b> 02	<b>Invisible Privileges:</b> How to Rebalance the Provider-Patient Relationship in Marginalized Populations ..... L4 ● Nolita 1 <i>David Cosio</i>
9:40a – 10:30a	<b>CPS</b> 01	<b>Point Blank:</b> Demystifying Entrapment Neuropathies ..... L4 ● Nolita 3 <i>Stephen Kishner</i>
9:40a – 10:30a	<b>PHM</b> 02	<b>Pain on the Brain:</b> Pharmacotherapy for Central Poststroke Pain ..... L3 ● Gracia 1 <i>Timothy J. Atkinson Lauren D. Gonser</i>
10:30a – 11:00a		<b>Break</b>
11:00a – 11:50a	<b>BHV</b> 03	<b>The Upside Down:</b> Fear Avoidance & Chronic Pain ..... L4 ● Nolita 1 <i>David Cosio</i>
11:00a – 11:50a	<b>PHM</b> 03	<b>The Sum of Its Parts:</b> The Concept of Total Pain ..... L3 ● Gracia 1 <i>Jessica Geiger Alexandra L. McPherson</i>
12:30p – 1:30p	<b>PDM</b> 02	<b>Think Talk Treat Migraine*</b> <i>Sponsored by Eli Lilly and Company</i> <b>Lunch will be served</b> ..... L3 ● Brera Ballroom <i>Susan Hutchinson Melissa Schroer</i>
1:40p – 2:30p	<b>CPS</b> 02	<b>Neurogenic Thoracic Outlet Syndrome</b> ..... L4 ● Nolita 1 <i>Paul J. Christo</i>
1:40p – 2:30p	<b>HLC</b> 01	<b>Tea for Two:</b> Empathy vs Sympathy ..... L4 ● Nolita 3 <i>Becky L. Curtis</i>

\*Not certified for credit



# TUESDAY

1:40p – 2:30p	<b>PHM</b> 04	<b>'tch, Please!</b> Going Beyond Antihistamines for Pruritus in Patients With Pain or Advanced Illness ..... L3 ● Gracia 1 Laura Meyer-Junco
1:40p – 2:30p	<b>SIS</b> 01	<b>Look for Zebras Not Horses:</b> Rare Disease and Pain Management ..... L3 ● Gracia 3 Melissa Geraghty
2:40p – 3:30p	<b>CPS</b> 03	<b>The Crucible:</b> Update on Complex Regional Pain Syndrome ..... L4 ● Nolita 3 R. Norman Harden
2:40p – 3:30p	<b>INT</b> 01	<b>Landscape of Wonders:</b> Injections, Nerve Blocks, Pumps, and Neuromodulation ..... L3 ● Gracia 3 Paul J. Christo
2:40p – 3:30p	<b>PHM</b> 05	<b>A Pain in the Aspirin!</b> Revisiting the OTC Analgesic Aisle ..... L3 ● Gracia 1 Laura Meyer-Junco
2:40p – 3:30p	<b>SIS</b> 02	<b>Chronic Postsurgical Pain:</b> Risk Assessment and Mitigation ..... L4 ● Nolita 1 Martin Cheatle
3:40p – 4:30p	<b>PDM</b> 03	<b>Setting the bar higher:</b> Think you know DHE? Think again.* <i>Sponsored by Impel Pharmaceuticals</i> <b>Refreshments will be served</b> ..... L3 ● Brera Ballroom Charles E. Argoff
3:40p – 4:30p	<b>PDM</b> 04	<b>Put Your Chronic Low Back Pain Patients on the Path to Relief*</b> <i>Sponsored by Vertos Medical</i> <b>Refreshments will be served</b> ..... L4 ● Mont-Royal Ballroom Kiran Patel Peter G. Pryzbylkowski
4:40p – 5:30p	<b>BHV</b> 04	<b>How to Get to Sesame Street:</b> Reducing the Stigma Attached to Chronic Pain ..... L4 ● Nolita 1 David Cosio
4:40p – 5:30p	<b>CPS</b> 04	<b>A Simple Twist of Fate:</b> Understanding Whiplash Risk Factors & Treatment ..... L3 ● Gracia 3 Stephen Kishner
4:40p – 5:30p	<b>HLC</b> 02	<b>The Secret Garden:</b> Health Coaching, Hope, and Healing Through Crisis ..... L4 ● Nolita 3 Becky L. Curtis
4:40p – 5:30p	<b>SIS</b> 03	<b>Wolf at the Door:</b> Pain and Substance Use Disorders ..... L3 ● Gracia 1 Martin Cheatle
5:40p – 6:30p	<b>ASIPP</b> 02	<b>Breakfast of Champions:</b> Ketamine Infusion for Chronic Pain and Depression ..... L3 ● Gracia 3 Kiran V. Patel
5:40p – 6:30p	<b>CBN</b> 03	<b>Everything Is Illuminated:</b> Cannabis and Cannabinoids for Muscular, Joint, Neuropathic, and Migraine Pain ..... L4 ● Nolita 1 Jeanette Jacknin
5:40p – 6:30p	<b>HLC</b> 03	<b>Day for Night:</b> Changing the Pain Experience When Living Life With Persistent Pain ..... L4 ● Nolita 3 Becky L. Curtis

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# WEDNESDAY

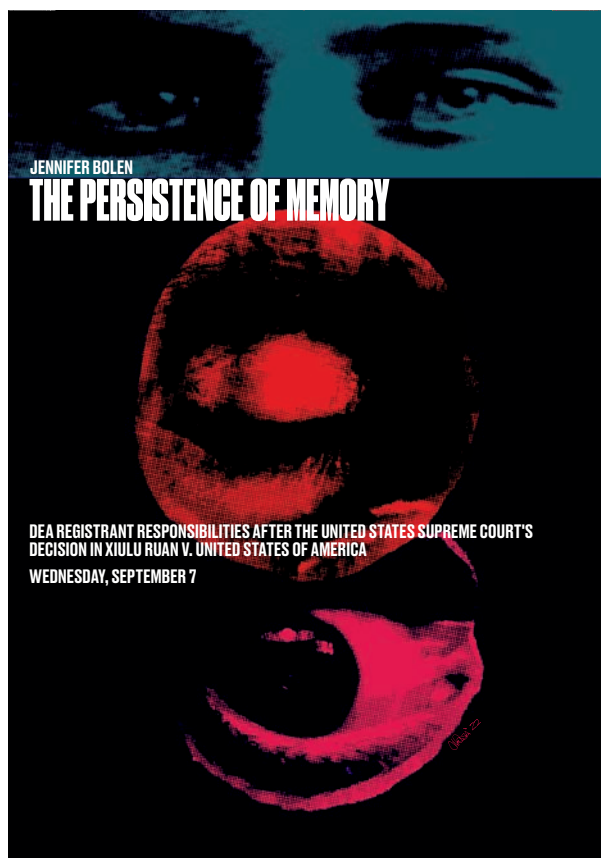
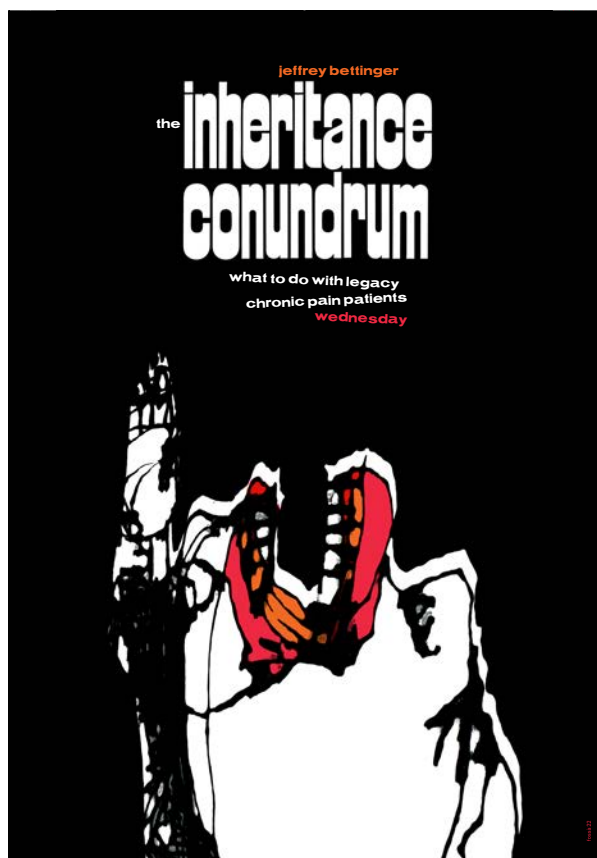
7:30a – 8:20a	<b>APP 01</b>	<b>Lo and Behold: The Clinical Nurse Anesthetist Experience in Pain Management</b> ..... Jackie Rowles ..... L3 ● Gracia 1
7:30a – 8:20a	<b>PBF 01</b>	<b>Pain Pathways Made Simple</b> ..... David M. Glick ..... L4 ● Nolita 1
7:30a – 8:20a	<b>SIS 04</b>	<b>Perioperative Pain Management in Opioid Use Disorder</b> ..... Hannah Cawoski Jillian DiClemente Nathan Menke ..... L4 ● Nolita 3
8:30a – 9:30a	<b>PDM 05</b>	<b>Responsible Pain Management With Opioid Therapy for Chronic Pain Patients*</b> <i>Sponsored by Collegium Pharmaceutical, Inc.</i> <b>Breakfast will be served</b> ..... Anjali Desai ..... L3 ● Brera Ballroom
9:40a – 10:30a	<b>PBF 02</b>	<b>Chronic Pain Assessment</b> ..... Michael R. Clark ..... L4 ● Nolita 1
9:40a – 10:30a	<b>SIS 05</b>	<b>Treating the Opiophilic Patient:</b> Strategies for Enhancing Communication, Education, & Outcomes ..... Michael E. Schatman ..... L3 ● Gracia 3
9:40a – 10:30a	<b>SIS 06</b>	<b>The Big Muddy: Why Clinical Trials Fail</b> ..... R. Norman Harden ..... L3 ● Gracia 1
10:30a – 11:00a		<b>Break</b>
11:00a – 11:50a	<b>APP 02</b>	<b>Green Acres: Pregnancy &amp; Pain in Rural Communities</b> ..... Theresa Mallick-Searle ..... L3 ● Gracia 3
11:00a – 11:50a	<b>PBF 03</b>	<b>Clinical Pearls: Unraveling the Secrets of Imaging Studies</b> ..... David M. Glick ..... L4 ● Nolita 1
11:00a – 11:50a	<b>PHM 06</b>	<b>The Inheritance Conundrum: What to Do With Legacy Chronic Pain Patients</b> ..... Jeffrey J. Bettinger ..... L3 ● Gracia 1
12:30p – 1:30p	<b>SYM 01</b>	<b>Pain Management &amp; Opioid Prescribing: Protect Patients &amp; Improve Outcomes</b> <i>This activity is jointly provided by Center for Independent Healthcare Education and PharmaCom Group, Inc. Supported by an educational grant from Collegium Pharmaceutical, Inc.</i> <b>Lunch will be served</b> *Seating is limited. ..... Christopher G. Gharibo Lynn R. Webster ..... L3 ● Brera Ballroom
1:40p – 2:30p	<b>APP 03</b>	<b>Neuromodulation for Advanced Practice Providers</b> ..... Zohra Hussaini ..... L3 ● Gracia 3
1:40p – 2:30p	<b>MDL 01</b>	<b>The Persistence of Memory: DEA Registrant Responsibilities After the United States Supreme Court's Decision in Xiulu Ruan V. United States of America</b> ..... Jennifer Bolen ..... L4 ● Nolita 1
1:40p – 2:30p	<b>PHM 07</b>	<b>Hell's Kitchen: How We Address DEA Red Flags</b> ..... Mark P. Garofoli ..... L3 ● Gracia 1

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# WEDNESDAY

2:40p – 3:30p	<b>APP</b> 04	<b>Bridging the Gap:</b> The Transitional Pain Service and Role of the NP ..... L4 ● Nolita 3 <i>Oluwatobi O. Hunter</i>
2:40p – 3:30p	<b>PBF</b> 04	<b>The Long and Winding Road:</b> Cognitive Behavioral Therapy for Opioid Use Disorder ..... L4 ● Nolita 1 <i>Ravi Prasad</i>
2:40p – 3:30p	<b>SIS</b> 07	<b>Eye of the Storm:</b> The Debate on Opioid Public Policy ..... L3 ● Gracia 3 <i>Timothy J. Atkinson Jeffrey J. Bettinger Jessica Geiger</i>
3:40p – 4:30p	<b>APP</b> 05	<b>The PA Perspective on Owning Your Own Practice</b> ..... L4 ● Nolita 1 <i>Jeremy A. Adler</i>
3:40p – 4:30p	<b>PHM</b> 08	<b>Scratching the Surface:</b> A Review of Rx & OTC Topical Pain Medication ..... L3 ● Gracia 1 <i>Mark P. Garofoli</i>
3:40p – 4:30p	<b>SIS</b> 08	<b>Ten Action Items to Combat Peer to Peer and Institutional Racial Bias in Medicine</b> ..... L4 ● Nolita 3 <i>Paul G. Mathew</i>
4:40p – 5:30p	<b>KEY</b> 01	<b>Meet Me at the Corner of Opportunity and Adversity:</b> A Tribute to Jeffrey Fudin* ..... L4 ● Mont-Royal Ballroom <i>Michael R. Clark Michael E. Schatman Kevin L. Zacharoff</i>
5:30p – 7:30p		<b>Welcome Reception*</b> ..... L4 ● Exhibit Hall/Belmont Ballroom

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# THURSDAY

7:30a – 8:20a	<b>IPPS</b> 01	<b>Rubies and Rust:</b> Menstruation as the Great Disrupter ..... Erin Carey ..... L4 ● Nolita 1
7:30a – 8:20a	<b>PHM</b> 09	<b>Alphabet Soup:</b> Updates on GABA Abuse and Legislation ..... Abigail T. Brooks Courtney M. Kominek ..... L3 ● Gracia 1
7:30a – 8:20a	<b>SIS</b> 09	<b>The Peter Panification of Chronic Pain and Search for Identity</b> ..... Patricia W. Tsui ..... L4 ● Nolita 3
8:30a – 9:30a	<b>PDM</b> 06	<b>Beyond OTC Laxatives:</b> Taking a Targeted Approach to Treating Opioid-Induced Constipation* <i>Sponsored by Salix Pharmaceuticals</i> <b>Breakfast will be served</b> ..... Joseph V. Pergolizzi, Jr. ..... L3 ● Brera Ballroom
9:40a – 10:30a	<b>DHC</b> 01	<b>Diamond Headache Clinic:</b> Epidemiology and Diagnosis ..... Merle Diamond ..... L4 ● Nolita 1
9:40a – 10:30a	<b>INT</b> 02	<b>East V. West:</b> Who Should Hold the Needle First? An Acupuncturist and an Interventional Pain Specialist Debate ..... Johnathan H. Goree Carrie Hyde ..... L3 ● Gracia 3
9:40a – 10:30a	<b>IPPS</b> 02	<b>One Candle, Two Wicks:</b> Managing Female Sexual Pain and Dysfunction ..... Georgine Lamvu ..... L3 ● Gracia 1
9:40a – 10:30a	<b>SIS</b> 10	<b>No Time Like the Past!</b> The Imprecision of the Postoperative Pain Score ..... Michael M. Bottros ..... L4 ● Nolita 3
10:30a – 11:00a		<b>Break</b>
11:00a – 11:50a	<b>DHC</b> 02	<b>Diamond Headache Clinic:</b> Prevention Treatment ..... Merle Diamond ..... L4 ● Nolita 1
11:00a – 11:50a	<b>MDL</b> 02	<b>The Plot Thickens:</b> The Impact of Opioid Litigation on Main Street Practitioners ..... Jennifer Bolen ..... L4 ● Mont-Royal Ballroom
11:00a – 11:50a	<b>SIS</b> 11	<b>Telehealth for Pain Providers:</b> Necessary Attributes for a Successful Clinical Practice ..... Charles E. Argoff Jeffrey J. Bettinger ..... L3 ● Gracia 3
11:00a – 11:50a	<b>SIS</b> 12	<b>The Scarlet Letter:</b> Stigma and Patient Outcomes ..... Kevin L. Zacharoff ..... L4 ● Nolita 3
12:30p – 1:30p	<b>PDM</b> 07	<b>A Portfolio of Treatment for Migraine Patients*</b> <i>Sponsored by AbbVie</i> <b>Lunch will be served</b> ..... Jeffrey Royce ..... L3 ● Brera Ballroom
1:40p – 2:30p	<b>ASIPP</b> 03	<b>The Skeleton Key:</b> Failed Back Surgery Syndrome and Spinal Cord Stimulation ..... Mayank Gupta ..... L3 ● Gracia 3
1:40p – 2:30p	<b>DHC</b> 03	<b>Diamond Headache Clinic:</b> Acute Treatment ..... Christopher Rhyne ..... L4 ● Nolita 1

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# THURSDAY

1:40p – 2:30p	<b>ENC</b> 01	<b>The Big Muddy: Why Clinical Trials Fail (Encore)</b> ..... R. Norman Harden ..... L3 ● Gracia 1
1:40p – 2:30p	<b>SIS</b> 13	<b>Duck Soup: Multidisciplinary Pain Management in 2022</b> ..... Charles E. Argoff Jeffrey J. Bettinger Theresa Mallick-Searle ..... L4 ● Mont-Royal Ballroom
2:40p – 3:30p	<b>ASIPP</b> 04	<b>Atomic Secrets: Regenerative Medicine in Managing Chronic Pain</b> ..... Nebojsa Nick Knezevic ..... L3 ● Gracia 3
2:40p – 3:30p	<b>INTG</b> 01	<b>The Gut-Brain Axis: Aligning the Three Brains to Resolve Pain</b> ..... Trupti Gokani ..... L4 ● Nolita 3
2:40p – 3:30p	<b>PHM</b> 10	<b>The Two of Us: Opioids and Cannabinoids in Pain Management</b> ..... Abigail T. Brooks Courtney M. Kominek ..... L3 ● Gracia 1
2:40p – 3:30p	<b>SIS</b> 14	<b>Cyborgs Among Us: Will We All Be Bionic?</b> ..... Johnathan H. Goree ..... L4 ● Nolita 1
3:40p – 4:30p	<b>PDM</b> 08	<b>SEGLENTIS® (celecoxib 56 mg and tramadol hydrochloride 44 mg) C-IV:</b> The first and only multimodal co-crystal for the treatment of acute pain in appropriate patients* <i>Sponsored by Kowa Pharmaceuticals America, Inc.</i> <b>Refreshments will be served</b> ..... Charles E. Argoff Eugene R. Viscusi ..... L3 ● Brera Ballroom
4:40p – 5:30p	<b>IPPS</b> 03	<b>Shadows and Fog: Biomedical and Psychosocial Considerations of Pelvic Pain</b> ..... Jennifer M. Hah Ravi Prasad ..... L4 ● Nolita 3
4:40p – 5:30p	<b>PHM</b> 11	<b>An Affair to Remember: The Case of the Perplexing Patient</b> ..... Michelle Krichbaum Neil Miransky ..... L3 ● Gracia 1
4:40p – 5:30p	<b>SIS</b> 15	<b>The Ink Is Black, The Page Is White:</b> How Racism, Stereotyping, and Social Status Impact Pain Management ..... Kevin L. Zacharoff ..... L3 ● Gracia 3
4:40p – 5:30p	<b>SIS</b> 16	<b>Awkward Conversations: Managing Patients With Chronic Pain</b> ..... Paul G. Mathew ..... L4 ● Nolita 1
5:40p – 6:30p	<b>INT</b> 03	<b>The Lowdown: Rethinking the Role of Interventional Pain Management</b> ..... Michael M. Bottros ..... L3 ● Gracia 1
5:40p – 6:30p	<b>IPPS</b> 04	<b>Help! Resources for Managing Female Chronic Pelvic Pain in a Busy Clinical Practice</b> ..... Jorge Carrillo ..... L4 ● Nolita 1
5:40p – 6:30p	<b>SIS</b> 17	<b>Microinduction to Buprenorphine From Methadone for Chronic Pain:</b> Outpatient Protocol With Case Examples ..... Marcelina Jasmine Silva ..... L4 ● Nolita 3
6:30p – 8:30p	<b>POS</b> 01	<b>Scientific Poster Session and Reception*</b> ..... Chair: Joseph V. Pergolizzi, Jr. Co-chair: Robert B. Raffa ..... L4 ● Belmont Ballroom

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# FRIDAY

7:30a – 8:20a	<b>INTG</b> 02	<b>Sunshine of Your Love:</b> How a Heart-Centered Approach Can Conquer Chronic Pain ..... Peter A. Abaci ..... L4 ● Nolita 1
7:30a – 8:20a	<b>PHM</b> 12	<b>Under the Volcano:</b> Pain Management in Special Populations ..... Timothy J. Atkinson Thien C. Pham ..... L3 ● Gracia 1
7:30a – 8:20a	<b>POS</b> 02	<b>Podium Presentations*</b> ..... Chair: Joseph V. Pergolizzi, Jr. Co-chair: Robert B. Raffa ..... L3 ● Gracia 3
7:30a – 8:20a	<b>PTH</b> 01	<b>The Breath of Life:</b> Practical Tools for the Pain Clinician—Breath Work and Movement ..... Mai Huong T. Ho-Tran ..... L4 ● Nolita 3
8:30a – 9:30a	<b>PDM</b> 09	<b>An Oral Formulation for the Acute Treatment of Migraine With or Without Aura*</b> Sponsored by Collegium Pharmaceutical, Inc. Breakfast will be served ..... George Nissan ..... L3 ● Brera Ballroom
9:40a – 10:30a	<b>MDL</b> 03	<b>Highway 61 Revisited:</b> Marijuana, Medication Assisted Treatment, and Pain Management Today and Beyond ..... Jennifer Bolen ..... L3 ● Gracia 3
9:40a – 10:30a	<b>PSD</b> 01	<b>The Glass Bead Game:</b> Harm Reduction and Its Potential Impact on the Opioid Crisis ..... Sanjey Gupta ..... L4 ● Nolita 1
9:40a – 10:30a	<b>PTH</b> 02	<b>Word Salad:</b> Contextual Factors and Their Effect on Therapeutic Outcomes ..... Kathryn A. Schopmeyer ..... L4 ● Nolita 3
9:40a – 10:30a	<b>SIS</b> 18	<b>Touch or Technology:</b> How Physical Are Physical Exams? ..... Charles E. Argoff Ramon L. Cuevas-Trisan David M. Glick ..... L3 ● Gracia 1
10:30a – 11:00a		<b>Break</b>
11:00a – 11:50a	<b>INT</b> 05	<b>The Petrified Forest:</b> Sacroiliac Joint Dysfunction and Treatment Update ..... Sean Li ..... L3 ● Gracia 3
11:00a – 11:50a	<b>PTH</b> 03	<b>Bang the Drum Loudly:</b> Teaching Self-Management of Peripheral Musculoskeletal Nerve Sensitization ..... Kathryn A. Schopmeyer ..... L4 ● Nolita 3
11:00a – 11:50a	<b>SIS</b> 19	<b>The Groundhog Day Phenomenon Reloaded</b> ..... Kevin L. Zacharoff ..... L4 ● Nolita 1
11:00a – 11:50a	<b>SIS</b> 20	<b>Old Friends With New Faces:</b> Practical Use of 2nd & 3rd Line Anticonvulsants for Neuropathic Pain Conditions ..... Charles E. Argoff Timothy J. Atkinson ..... L3 ● Gracia 1
12:30p – 1:30p	<b>PDM</b> 10	<b>Severe pain, strategic perspectives*</b> Sponsored by Ensysce Biosciences Lunch will be served ..... Jeff Gudin William Schmidt Lynn R. Webster ..... L3 ● Brera Ballroom

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# FRIDAY

1:40p - 2:30p	<b>INTG</b> 03	<b>Virtual Reality for the Primary Care Physician</b> ..... Robert Bonakdar .....	L4 ● Nolita 3
1:40p - 2:30p	<b>PHM</b> 13	<b>Secrets and Lies: The Truth About Buprenorphine</b> ..... Mark P. Garofoli .....	L3 ● Gracia 1
1:40p - 2:30p	<b>SIS</b> 21	<b>I Walk the Line: The Fine Balance of Geriatric Pain Management</b> ..... Michael M. Bottros .....	L4 ● Nolita 1
1:40p - 3:30p	<b>MAS</b> 01	<b>Back Pain: It's All About Diagnosis</b> ..... David M. Glick .....	L3 ● Gracia 3
2:40p - 3:30p	<b>INT</b> 05	<b>When Stars Align: The New Era of Peripheral Nerve Stimulation</b> ..... Sean Li .....	L3 ● Gracia 1
2:40p - 3:30p	<b>INTG</b> 04	<b>Take 2 Zaps and Call Me in the Morning</b> ..... Robert Bonakdar .....	L4 ● Nolita 3
2:40p - 3:30p	<b>PSD</b> 02	<b>Purple Haze: Mysticism &amp; Science of Psychedelics</b> ..... Eugene Vortsman .....	L4 ● Nolita 1
2:40p - 3:30p	<b>SIS</b> 22	<b>Ring of Fire: COVID and the Opioid Epidemic. Part II</b> ..... Johnathan H. Goree .....	L3 ● Gracia 3
3:40p - 4:30p	<b>ASIPP</b> 05	<b>Management of Chronic Abdominal Pain: Treatment Algorithm</b> ..... Alaa Abd-Elsayed .....	L3 ● Gracia 3
3:40p - 4:30p	<b>PHM</b> 14	<b>Hugs vs Drugs: Debating the 2022 CDC Opioid Prescribing Guidelines</b> ..... Michelle Krichbaum Neil Miransky .....	L3 ● Gracia 1
3:40p - 4:30p	<b>PSD</b> 03	<b>K Especial:</b> The Biopsychosocial Model of Personalizing Ketamine for Pain Management ..... Michelle Weiner .....	L4 ● Nolita 1
4:40p - 5:30p	<b>INTG</b> 05	<b>An Integrative Osteopathic Approach to Opioid Use Disorder</b> ..... Robert Agnello .....	L4 ● Nolita 1
4:40p - 5:30p	<b>PHM</b> 15	<b>Super-Tolerance! Managing Patients With Active Opioid Use Disorder</b> ..... Tanya J. Uritsky .....	L3 ● Gracia 1
4:40p - 5:30p	<b>SIS</b> 23	<b>Measuring Recovery Outcomes After a Fall Injury:</b> Pragmatic Approach From Psychiatry Perspective ..... Armando Salonga Miciano, Jr .....	L4 ● Nolita 3

\*Not certified for credit



**REDUCING  
THE  
STIGMA  
ATTACHED  
TO  
CHRONIC  
PAIN**



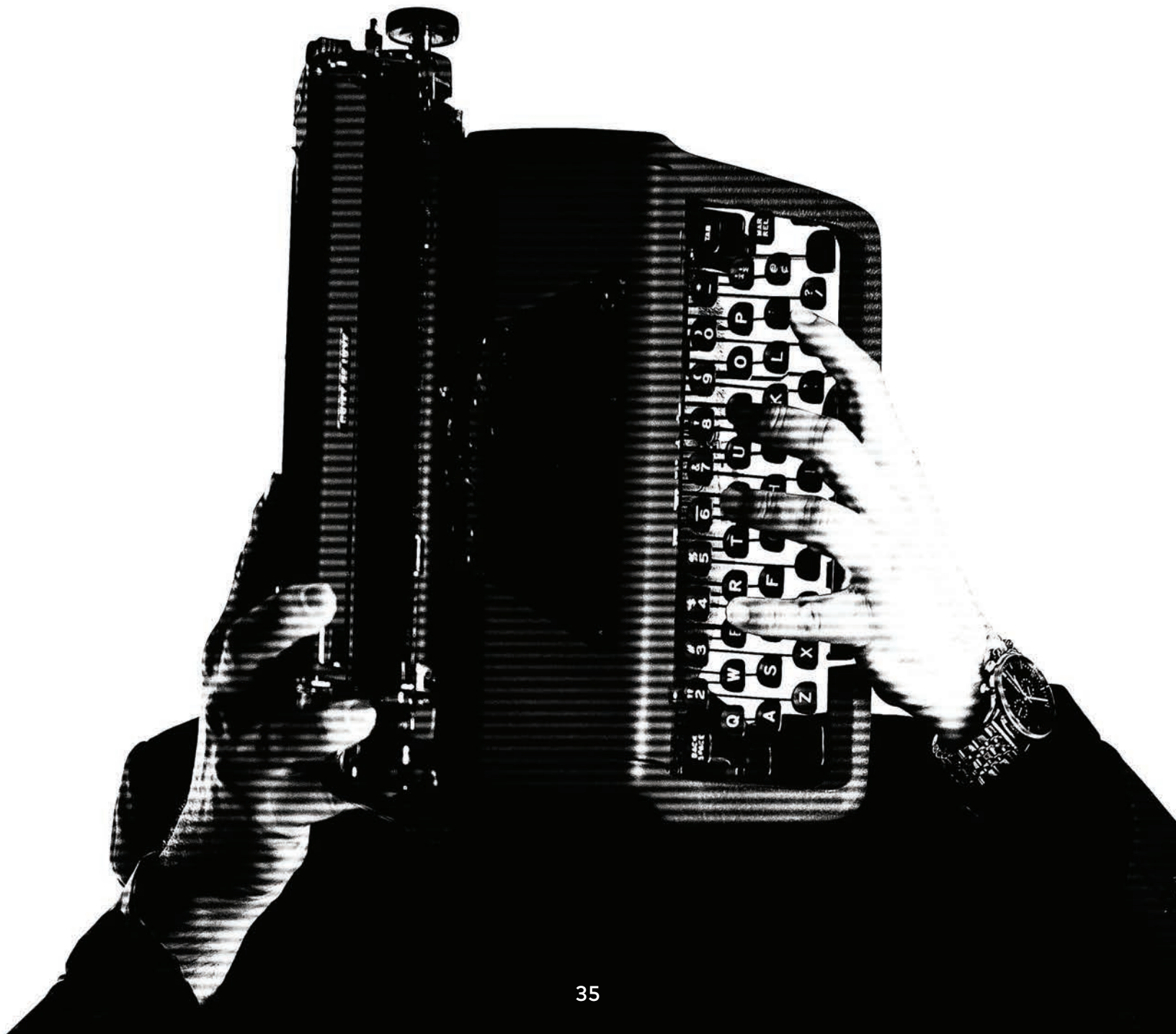
**DAVID COSIO  
TUESDAY**



**HOW TO  
GET TO  
SESAME  
STREET**



# FACULTY



**Key:**

**Consultant:** eg, Advisory Board

**Contracted Research:** Principal Investigators must provide information, even if received by the institution

**Stock Shareholder:** Individual stocks/stock options; diversified mutual funds do not need to be disclosed

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**Nothing to disclose**

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**Contracted Research:** Medtronic

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**Consulting Fee:** AppliedVR

**Speakers Bureau:** Averitas, BioDelivery BioScience, Hisamitsu, RedHill

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**Nothing to disclose**

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**Contracted Research:** Abbvie, Amgen, Lilly, Teva

**Speakers Bureau:** Abbvie, Amgen, Averitas, Biohaven, Impel, Kowa, Lilly, Lundbeck, Nevro, Teva

**Stock Shareholder:** Pfizer, Truvena

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PainScript LLC

**Advisory Board:** Hisamitsu America

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Founder  
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**Consulting Fee:** Paradigm Healthcare/Paradigm Labs

**Robert Bonakdar MD, FAAFP, FACN**

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**Consulting Fee:** AppliedVR, Standard Process

**Contracted Research:** Kaneka

**Stock Option Holder:** WellKasa

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**Nothing to disclose**

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**Nothing to disclose**

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**Nothing to disclose**

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**Consulting Fee:** AbbVie, Myovant, SoLá

**Hannah Cawoski** PHARM D  
Clinical Pharmacy Specialist  
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Glenshaw, PA

**Disclosure to come**

**Martin Cheatle** PH D  
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Perelman School of Medicine  
University of Pennsylvania  
Philadelphia, PA

**Consulting Fee:** Sana Health

**Paul J. Christo** MD, MBA  
Associate Professor  
Johns Hopkins University School of Medicine  
Johns Hopkins Medicine  
Division of Pain Medicine  
Baltimore, MD

**Consulting Fee/Honoraria:** Eli Lilly, Exicure,  
GlaxoSmithKline Consumer Healthcare,  
Neumentum, Neurana, Y mAbs

**Michael R. Clark** MD, MPH, MBA  
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**Nothing to disclose**

**David Cosio** PH D, ABPP  
Psychologist  
Jesse Brown VA Medical Center  
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**Nothing to disclose**

**Ramon L. Cuevas-Trisan** MD  
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**Nothing to disclose**

**Becky L. Curtis** NBC-HWC, CPMC  
Certified Health and Wellness Coach  
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**Disclosure to come**

**Merle Diamond** MD  
President  
Medical Director  
Diamond Headache Clinic  
Chicago, IL

**Consulting Fee:** Allergan/AbbVie, Amgen, Assertio  
Therapeutics, Axsome Therapeutics, BioDelivery  
Sciences International (BDSI), Biohaven Pharmaceuticals,  
Eli Lilly, Lundbeck Pharmaceuticals

**Contracted Research:** Allergan, Amgen, Lilly,  
Lundbeck, Teva

**Honoraria/Speakers Bureau:** Allergan/AbbVie, Amgen,  
Assertio Therapeutics, Axsome Pharma, Biohaven  
Pharmaceuticals, Eli Lilly, Impel, Lundbeck, Neuropharma,  
Supernus Pharmaceuticals, Teva Pharmaceutical  
Industries, Upsher-Smith Laboratories

**Jillian DiClemente** PHARM D  
Pain Management Clinical Pharmacist Specialist  
University of Michigan Health, Michigan Medicine  
Detroit, MI

**Nothing to disclose**

**Mark P. Garofoli** PHARM D, MBA, BCGP, CPE, CTTS  
Clinical Assistant Professor  
Clinical Pain Management Pharmacist  
West Virginia University Schools of Pharmacy/Medicine  
Morgantown, WV

**Consulting Fee:** Hisamitsu

**Jessica Geiger** PHARM D, MS, BCPS, CPE  
Palliative Care Clinical Coordinator  
PGY2 Pain and Palliative Care Residency Program Director  
OhioHealth  
Powell, OH

**Nothing to disclose**

**Melissa Geraghty** PSYD  
Clinical Health Psychologist  
CEO  
Medical Gaslighting Sensitivity Trainer  
for Healthcare Professionals  
Phoenix Rising with Dr. G  
Batavia, IL

**Nothing to disclose**

**David M. Glick** DC, DAPPM, CPE, FASPE  
Medical Director  
HealthQ2  
Lewes, DE

**Consulting Fee:** Averitas, Salonpas

**Trupti Gokani** MD  
Chief Medical Officer  
Saffron & Sage Holistic Healing Center  
Chicago, IL

**Nothing to disclose**

**Lauren D. Gonser** PHARM D, BCPS  
Clinical Pharmacy Practitioner, Pain Management  
Kansas City VA Medical Center  
Kansas City, KS

**Nothing to disclose**

**Johnathan H. Goree** MD  
Associate Professor and Director of Chronic Pain Division  
University of Arkansas for Medical Sciences  
Little Rock, AR

**Consulting Fee:** Abbott, Stratus Medical  
**Contracted Research:** Mainstay Medical (paid to Institution),  
SPR Therapeutics (paid to institution),

**Mayank Gupta** MD  
President & CEO  
Kansas Pain Management &  
Neuroscience Research Center, LLC  
Overland Park, KS

**Contracted Research:** Averitas, Biotronik, Nalu,  
Nevro Corp, Vertos Medical  
**Speakers Bureau:** Averitas, Nalu, Nevro Corp, Vertos Medical

**Sanjey Gupta** MD, MBA  
Professor of Emergency Medicine  
Zucker School of Medicine at Hofstra/Northwell Health  
Rockville Centre, NY

**Nothing to disclose**

**Jennifer M. Hah** MD, MS  
Assistant Professor  
Stanford University  
Stanford Healthcare  
Stanford, CA

**Consulting Fee:** Nalu, Neuspera, SPR Therapeutics

**R. Norman Harden** MD  
Professor Emeritus  
Northwestern University  
Athens, GA

**Consulting Fee:** BDSI/Collegium, Neumentum, NeuroBo, Takeda

**Mai Huong T. Ho-Tran** PT, DPT  
Physical Therapist Clinical Specialist  
Kaiser Permanente  
San Jose, CA

**Nothing to disclose**

**Oluwatobi O. Hunter** DNP, RN-BC, AGACNP-BC  
Lead Nurse Practitioner  
Veterans Affairs Palo Alto Healthcare System  
Palo Alto, CA

**Nothing to disclose**

**Zohra Hussaini** ARNP  
Advanced Practice Provider Coordinator  
University of Kansas Health System  
Overland Park, KS

**Consulting Fee:** Averitas, Flowinix, Medtronic,  
Nevro, Painteq, SPR, Vertos

**Carrie Hyde** MD  
Kidney Supportive Care Physician  
Medical Director  
Monogram Health  
North Little Rock, AR

**Nothing to disclose**

**Jeanette Jacknin** MD  
C.E.O.  
Dr. Jacknin's Skincare L.L.C.  
Encinitas, CA

**Nothing to disclose**

**Stephen Kishner** MD  
Clinical Professor  
Louisiana State University School of Medicine  
New Orleans, LA

**Nothing to disclose**

**Nebojsa Nick Knezevic** MD, PHD  
Clinical Professor of Anesthesiology & Surgery  
College of Medicine, University of Illinois Chicago  
Chicago, IL

**Consulting Fee:** Eisai, Scilex

**Courtney M. Kominek** PHARM D, BCPS  
Clinical Pharmacist Practitioner—Pain Management  
Harry S. Truman Memorial Veterans Hospital  
Columbia, MO

**Honoraria:** Alkermes, Neurocrine Biosciences,  
Quest Diagnostics

**Michelle Krichbaum** PHARM D, BCPP  
Clinical Director for Pain, Palliative,  
and Substance Use Disorders  
Broward Health Medical Center  
Sunrise, FL

**Nothing to disclose**

**Georgine Lamvu** MD, MPH  
Professor of Obstetrics and Gynecology  
University of Central Florida  
Windermere, FL

**Nothing to disclose**



**Sean Li MD**

Regional Medical Director  
National Spine and Pain Centers  
Lincroft, NJ

**Consulting Fee:** Abbott, Avanos, Averitas, Biotronik, Boston Scientific, Nalu, Nevro, PainTeq, Saluda, Scilex, SPR Therapeutics, Vertos Medical

**Contracted Research:** Avanos, Biotronik, Boston Scientific, Nalu, PainTeq, Saluda, SGX Medical, SPR Therapeutics

**Speakers Bureau:** Averitas, Scilex

**Stock Option Holder:** Nalu

**Theresa Mallick-Searle MS, PMGT-BC, ANP-BC**

Adult Nurse Practitioner  
Stanford Health Care, Division Pain Medicine  
San Carlos, CA

**Speakers Bureau:** Averitas, Salix

**Paul G. Mathew MD, DNBPAS, FAAN, FAHS**

Assistant Professor of Neurology  
Harvard Medical School  
Mass General Brigham Health  
Harvard Vanguard Medical Associates  
Braintree, MA

**Consulting Fee:** Abbvie/Allergan, Amgen, Biohaven, Impel, Lilly, Satsuma, Theranica, Upsher-Smith

**Alexandra L. McPherson PHARMD, MPH**

Palliative Care Clinical Pharmacy Specialist  
MedStar Washington Hospital Center  
Washington, DC

**Nothing to disclose**

**Nathan Menke MD, PHD**

Assistant Professor  
University of Michigan  
Ann Arbor, MI

**Nothing to disclose**

**Laura Meyer-Junco PHARMD, BCPS, CPE**

Clinical Assistant Professor  
Clinical Pharmacist  
University of Illinois at Chicago College of Pharmacy  
Rockford, IL

**Nothing to disclose**

**Armando Salonga Miciano, Jr MD**

Medical Director  
Nevada Rehabilitation Institute  
Las Vegas, NV

**Nothing to disclose**

**Neil Miransky DO**

Corporate Medical Director of Palliative Medicine  
Broward Health  
Fort Lauderdale, FL

**Nothing to disclose**

**Kiran V. Patel MD**

Interventional Pain Physician  
The Spine & Pain Institute of New York  
New York, NY

**Nothing to disclose**

**Thien C. Pham PHARMD, APH**

Clinical Pharmacist Practitioner—Pain Management  
VA Long Beach Healthcare System  
Long Beach, CA

**Nothing to disclose**

**Ravi Prasad PHD**

Clinical Professor  
University of California, Davis School of Medicine  
Sacramento, CA

**Nothing to disclose**

**Christopher Rhyne MD**

Headache Physician  
Director of Clinical Research  
Diamond Headache Clinic  
Chicago, IL

**Nothing to disclose**

**Jackie Rowles DNP, CRNA, ANP-BC, NSPM-C**

Associate Professor Professional Practice  
Director of Advanced Pain Management Fellowship  
School of Nurse Anesthesia  
Texas Christian University  
Ft. Worth, TX

**Nothing to disclose**

**Michael E. Schatman PHD, CPE, DASPE**

Clinical Instructor  
NYU Grossman School of Medicine  
New York, NY

**Stock Shareholder:** Modoscript

**Kathryn A. Schopmeyer DPT, CPE, CSCS**

Physical Therapy Program Coordinator  
for Pain Management  
San Francisco VA Healthcare System  
San Francisco, CA

**Nothing to disclose**

**Marcelina Jasmine Silva DO**

Fellow  
American Osteopathic Academy of Addiction Medicine  
Walnut Creek, CA

**Nothing to disclose**

# Wish You Were Here

**Patricia W. Tsui** PHD

Clinical Psychologist and Assistant Professor  
Columbia University Irving Medical Center  
and NY Presbyterian Hospital  
Columbia Doctors Pain Management  
New York, NY

Nothing to disclose

**Tanya J. Uritsky** PHARM D

Opioid Stewardship Coordinator  
Penn Medicine, Hospital of the University of Pennsylvania  
Malvern, PA

Nothing to disclose

**Eugene Vortsman** DO, FACEP

Clinical Director of Addiction Medicine  
and Disease Management  
Northwell Health, Long Island Jewish Medical Center  
Queens, NY

Disclosure to come

**Michelle Weiner** DO, MPH

Integrative Pain Management Physician  
Spine and Wellness Centers of America  
Miami, FL

Nothing to disclose

**Lindsay Wells** PHARM D

Facility PMOP Coordinator  
Lexington VAHCS  
Lexington, KY

Nothing to disclose

**Kevin L. Zacharoff** MD, FACIP, FACPE, FAAP

Faculty, Clinical Instructor  
Course Director Pain and Addiction  
Distinguished Visiting Scholar  
in Medical Humanities, Compassionate Care,  
and Bioethics  
Renaissance School of Medicine at Stony Brook University  
Stony Brook, NY

Nothing to disclose

## Scientific Poster Session Chairs

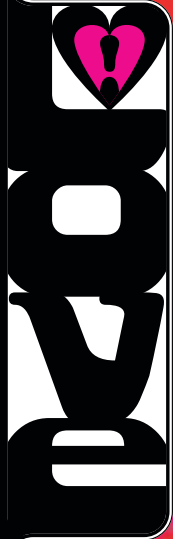
**Joseph V. Pergolizzi, Jr.** MD

Director, Research  
NEMA Research Inc.  
Naples, FL

**Robert B. Raffa** PHD

Professor Emeritus and Past Chair  
Temple University School of Pharmacy  
Philadelphia, PA





friday  
peter abaci

**HOW  
A  
HEART-  
CENTERED  
APPROACH  
CAN  
CONQUER  
CHRONIC  
PAIN**

**SUNSHINE OF  
YOUR LOVE**

Nebojsa Nick Knezevic

# ATOMIC SECRETS

Regenerative Medicine in  
Managing Chronic Pain  
Thursday



# SATELLITE EVENTS



# PAINWEEK would like to thank

our corporate partners for their participation in this year's satellite events. PAINWeek is appreciative of the supportive role that members of this community continue to play in our efforts to provide frontline practitioners with quality educational programs. These satellite events are not part of the official 2022 National Conference and are planned solely by the sponsoring organizations/companies.

- Course descriptions for these activities will be provided by individual event organizers. Please contact the organizers for further details.
- Seating is strictly limited for all events. Preference may be given to preregistrants. If you are registered, please still plan on arriving at the door no later than 15 minutes prior to start time to ensure that your seat is held for you. A limited number of meals or refreshments will be served where indicated.
- Nonmedical professionals or members of industry may only be allowed to participate at the discretion of the program organizers. Typically organizers do not accommodate family members, office staff, or guests of healthcare professionals.

*There are no fees to attend any of these satellite events.*

Information provided has not involved any verification of the findings, conclusions, and opinions by PAINWeek. Opinions expressed by speakers do not necessarily reflect those of PAINWeek. No responsibility is assumed by PAINWeek for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instruction, or ideas contained in the material herein. Because of the rapid advances in the medical sciences, PAINWeek recommends that independent verification of diagnoses and medication dosages should be made by each healthcare professional. Information provided was accurate as of press time. For the most up-to-date information please visit [pain.sh/painweek2022](http://pain.sh/painweek2022).

# Non-CME programs

not certified for credit

PDM-01 [Breakfast will be served](#)

---

## Fighting Fire with Fire!

Join us for a Spicy Breakfast and a Conversation about Care Challenges in Treating Painful Diabetic Neuropathy of the Feet

*Sponsored by Averitas Pharma, Inc.*

Jeremy A. Adler DMSC, PA-C Steven P. Stanos DO

Tuesday ● 8:30a – 9:30a L3 ● Brera Ballroom

**Contact:** Audrey Padula (508) 566-0138

[audrey.padula@averitaspharma.com](mailto:audrey.padula@averitaspharma.com)

PDM-02 [Lunch will be served](#)

---

## Think Talk Treat Migraine

*Sponsored by Eli Lilly and Company*

Susan Hutchinson MD Melissa Schroer MD

Tuesday ● 12:30p – 1:30p L3 ● Brera Ballroom

**Contact:** Leslie Miller (317) 281-7007

[millerls@lilly.com](mailto:millerls@lilly.com)

PDM-03 [Refreshments will be served](#)

---

## Setting the bar higher:

Think you know DHE? Think again.

*Sponsored by Impel Pharmaceuticals*

Charles E. Argoff MD

Tuesday ● 3:40p – 4:30p L3 ● Brera Ballroom

**Contact:** Marketing Team (206) 568-1466

[inquiries@impelpharma.com](mailto:inquiries@impelpharma.com)

PDM-04 [Refreshments will be served](#)

---

## Put Your Chronic Low Back Pain Patients on the Path to Relief

*Sponsored by Vertos Medical*

Kiran Patel MD Peter Pryzbylkowski MD

Tuesday ● 3:40p – 4:30p L4 ● Mont-Royal Ballroom

**Contact:** Courtney McLeish (949) 903-0666

[cmcleish@vertosmed.com](mailto:cmcleish@vertosmed.com)

PDM-05 [Breakfast will be served](#)

---

## Responsible Pain Management With Opioid Therapy for Chronic Pain Patients

*Sponsored by Collegium Pharmaceutical, Inc.*

Anjali Desai MD

Wednesday ● 8:30a – 9:30a L3 ● Brera Ballroom

**Contact:** Stephanie Schofield (508) 967-5733

[sschofield@collegiumpharma.com](mailto:sschofield@collegiumpharma.com)

# Non-CME programs

not certified for credit

PDM-06 [Breakfast will be served](#)

---

**Beyond OTC Laxatives:**

Taking a Targeted Approach to Treating  
Opioid-Induced Constipation

Sponsored by **Salix Pharmaceuticals**

Joseph V. Pergolizzi, Jr. MD

Thursday ● 8:30a – 9:30a L3 ● Brera Ballroom

**Contact:** Michele Dahan (908) 541-1312

Michele.Dahan@bausch.com

PDM-07 [Lunch will be served](#)

---

**A Portfolio of Treatment for Migraine Patients**

Sponsored by **AbbVie**

Jeffrey Royce MD

Thursday ● 12:30p – 1:30p L3 ● Brera Ballroom

**Contact:** Mary McGrath (848) 844-3692

m McGrath@medforce.net

PDM-08 [Refreshments will be served](#)

---

**SEGLENTIS® (celecoxib 56 mg and tramadol hydrochloride 44 mg) C-IV:**

The first and only multimodal co-crystal for the treatment  
of acute pain in appropriate patients

Sponsored by **Kowa Pharmaceuticals America, Inc.**

Charles E. Argoff MD Eugene R. Viscusi MD

Thursday ● 3:40p – 4:30p L3 ● Brera Ballroom

**Contact:** Inga Hunter (334) 313-4633

ihunter@kowapharma.onmicrosoft.com

PDM-09 [Breakfast will be served](#)

---

**An Oral Formulation for the Acute Treatment of Migraine With or Without Aura**

Sponsored by **Collegium Pharmaceutical, Inc.**

George Nissan DO, FAHS

Friday ● 8:30a – 9:30a L3 ● Brera Ballroom

**Contact:** Melissa Lefer (914) 879-9326

mlefer@collegiumpharma.com

PDM-10 [Lunch will be served](#)

---

**Severe pain, strategic perspectives**

Sponsored by **Ensysce Biosciences**

Jeff Gudin MD William Schmidt PhD Lynn R. Webster MD

Friday ● 12:30p – 1:30p L3 ● Brera Ballroom

**Contact:** Geoff Birkett (484) 467-1285

gbirkett@ensysce.com

# CME activity

certified for credit

SYM-01 [Lunch will be served](#)

---

**Pain Management & Opioid Prescribing:**

Protect Patients & Improve Outcomes

*This activity is jointly provided by Center for Independent  
Healthcare Education and PharmaCom Group, Inc.*

*Supported by an educational grant from*

**Collegium Pharmaceutical, Inc.**

Christopher G. Gharibo MD Lynn R. Webster MD

Wednesday ● 12:30p – 1:30p L3 ● Brera Ballroom

**Contact:** Stephanie Lee (978) 886-0064

slee@pharmacomgroup.com



# DISCOVER THE QUTENZA DIFFERENCE

Join us at our sponsored events throughout the conference

Join us for a spicy breakfast and a conversation in the **Brera Ballroom** to learn more about the clinical data and science behind QUTENZA on **Tuesday, September 6, at 8:30 AM**

Meet with our team and find out more by watching a live placebo demonstration of the QUTENZA treatment at **Booth 207** in the Exhibit Hall

Visit us during the Experience Zone for hands-on application practice on **Thursday, September 8, from 1:30 PM - 3:30 PM**

Not certified for CECH credit.

Please note that Averitas is required to record and disclose transfers of value, including the meals and any other items in connection with this event provided to US licensed "Healthcare Professionals (HCPs)." In fulfilling any such legal obligations, Averitas will record and report your name, professional designation, and any other required information. State laws may further restrict or require the disclosure of transfers of value provided to US healthcare professionals. Please inform a member of our staff if you are licensed in one of these states (ie, Vermont, Minnesota, New Jersey, etc) and choose not to participate in the meal that is offered in connection with this program.



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M-QZA-US-05-22-0021 July 2022





Think Talk Treat  
**MIGRAINE™**

WHEN PATIENTS SAY **“HEADACHE,”** THINK MIGRAINE.

Healthcare providers like you are in a unique position to make a difference for patients living with migraine. This presentation will provide guidance on a streamlined approach to identifying patients with migraine, simple strategies for assessing the impact of migraine on patients' lives, and how migraine impact influences the treatment approach.

## THINK TALK TREAT MIGRAINE

**TUESDAY, SEPTEMBER 6, 2022**

**12:30PM-1:30PM PACIFIC**

**Brera Ballroom Level 3**

**Melissa Schroer, MD**  
Family Medicine

**Susan Hutchinson, MD**  
Director, Orange County  
Migraine & Headache Center



**ThinkMigraine.com/hcp**

This product theater is independent of PAINWeek®.  
This program is not certified for CE/CME.

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*Lilly*

Sponsored by Eli Lilly  
and Company



**Collegium**<sup>®</sup>  
PHARMACEUTICAL

Please Join us for a Product Theater  
***Responsible Pain Management With  
Opioid Therapy for Chronic Pain Patients***



**Anjali Desai, MD**

**Adjunct Assistant Professor, Texas A&M  
Capitol Pain Institute**

**8:30 AM - 9:30 AM PT PRESENTATION**

*Breakfast to be provided*

**Wednesday, September 7, 2022**

Brera Ballroom, Level 3  
The Cosmopolitan of Las Vegas  
3708 Las Vegas Blvd S  
Las Vegas, NV 89109

This program does not offer CE/CME credits.

This product theater is independent of PAINWeek<sup>®</sup>

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Collegium Pharmaceutical will report transfers of value made to US healthcare professionals to the extent required by federal and state laws, as applicable.

Please join us for a CE/CME satellite lunch symposium

# Pain Management & Opioid Prescribing

## Protect Patients & Improve Outcomes



**Wednesday,  
September 7, 2022**

**12:30 PM to 1:30 PM**

**Brera Ballroom, Level 3  
The Cosmopolitan of Las Vegas**

*Doors will open at 12:15 PM for lunch*

### Faculty

**Christopher G. Gharibo, MD**

Professor, Department of  
Anesthesiology, Perioperative Care  
and Pain Medicine  
Professor, Department of Orthopedics  
NYU Grossman School of Medicine  
Medical Director of Pain Medicine  
NYU Langone Health  
New York, New York

**Lynn R. Webster, MD**

Senior Fellow, Center for U.S. Policy  
Chief Medical Officer, PainScript  
Washington, DC


### Learning Objectives

After completing this activity, participants will have greater competence to:

- Describe the pharmacologic and safety advantages of buprenorphine—a schedule III, atypical opioid—over conventional schedule II opioid analgesics.
- Differentiate between the abuse-deterrent properties, clinical impact, abuse/diversion outcomes, and economic outcomes of the abuse-deterrent formulations of opioid analgesics currently available for chronic pain.
- Apply a strategy to make a benefit-risk assessment to select and initiate appropriate opioids for chronic pain that have safety advantages over traditional opioids and formulations.

### Accreditation and Credit Designation Statements

#### Physicians

 This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Center for Independent Healthcare Education (Center) and PharmaCom Group. The Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Center designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.


#### Physician Assistants

AAPA accepts AMA PRA Category 1 Credit™ for the PRA from organizations accredited by the ACCME.

#### Nurse Practitioners

Nurse Practitioners will receive a certificate of AMA PRA Category 1 Credit™ as this is an ACCME-accredited program and its accreditation is recognized by Nurse Practitioner boards.

#### Pharmacists

 The Center is accredited by the Accreditation Council for Pharmacy Education as a provider for continuing pharmacy education. The Center has assigned 1.0 contact hour (0.1 CEU) of continuing pharmacy education credits for participating in this activity.

Jointly provided by Center for Independent Healthcare Education and PharmaCom Group, Inc.



Supported by an educational grant from Collegium Pharmaceutical, Inc.

This satellite symposium is independent of PAINWeek®

SALIX PHARMACEUTICALS INVITES YOU TO A BREAKFAST PRODUCT THEATER ON

# BEYOND OVER-THE-COUNTER LAXATIVES:

## Taking a Targeted Approach to Treating Opioid-Induced Constipation

**JOSEPH V. PERGOLIZZI, JR., MD**

Chief Operating Officer  
NEMA Research, Naples, Florida

**THURSDAY, SEPTEMBER 8, 2022**

8:30-9:30 am  
Breakfast will be provided

**BRERA BALLROOM, LEVEL 3**

The Cosmopolitan  
of Las Vegas  
Las Vegas, NV



This is a promotional event. CE/CME credit will not be available for this session.

In compliance with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs. This promotional educational activity is brought to you by Salix Pharmaceuticals and is not certified for continuing medical education. The speakers are presenting on behalf of Salix Pharmaceuticals and must present information in compliance with FDA requirements applicable to Salix Pharmaceuticals.

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Thank you for your cooperation.

**This product theater is independent of PAINWeek®.**

PRESENTED BY

**Salix**   
PHARMACEUTICALS

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400 Somerset Corporate Boulevard  
Bridgewater, NJ 08807  
[www.salix.com](http://www.salix.com)

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# CRYSTALLIZE

## THE DIFFERENCE BETWEEN SCIENCE AND INNOVATION

Discover a unique co-crystal treatment option for the management of acute pain in appropriate patients

**Join our Product Theater to learn more**

**Thursday, September 8**

3:40 PM-4:30 PM | Brera Ballroom, level 3

### Faculty

**Charles E. Argoff, MD**  
*Albany Medical Center*

**Eugene R. Viscusi, MD**  
*Thomas Jefferson University*

This product theater is independent of PAINWeek®. This program is not certified for CE/CME. This program does not offer CE/CME credits.

**VISIT BOOTH 202 TO LEARN MORE**





Collegium<sup>®</sup>  
P H A R M A C E U T I C A L

Visit us at  
booth #101

**Please Join Us for a Product Theater**

***An Oral Formulation for the  
Acute Treatment of Migraine  
With or Without Aura***

**FRIDAY, SEPTEMBER 9, 2022**

Brera Ballroom, Level 3  
The Cosmopolitan of Las Vegas  
3708 Las Vegas Blvd S  
Las Vegas, NV 89109

**8:30 AM - 9:30 AM PT PRESENTATION**

*Breakfast to be provided*

**PRESENTED BY**

George Nissan, DO, FAHS  
Clinical Research Medical Director  
North Texas Institute of Neurology and Headache

This program does not offer CE/CME credits.

This product theater is independent of PAINWeek<sup>®</sup>

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Collegium Pharmaceutical will report transfers of value made to US healthcare professionals to the extent required by federal and state laws, as applicable.



# ENSYSCE BIOSCIENCES

Invites you to a Lunch Symposium

## Severe pain Strategic perspectives

Presented by: Dr. J Gudín  
Dr. W Schmidt  
Dr. L Webster



**Friday, September 9, 2022**

12:30 pm – 1:30 pm PT

**BRERA Ballroom, Level 3**

The Cosmopolitan of Las Vegas

**Register at [Ensysce.com/painweek](https://www.ensysce.com/painweek)**



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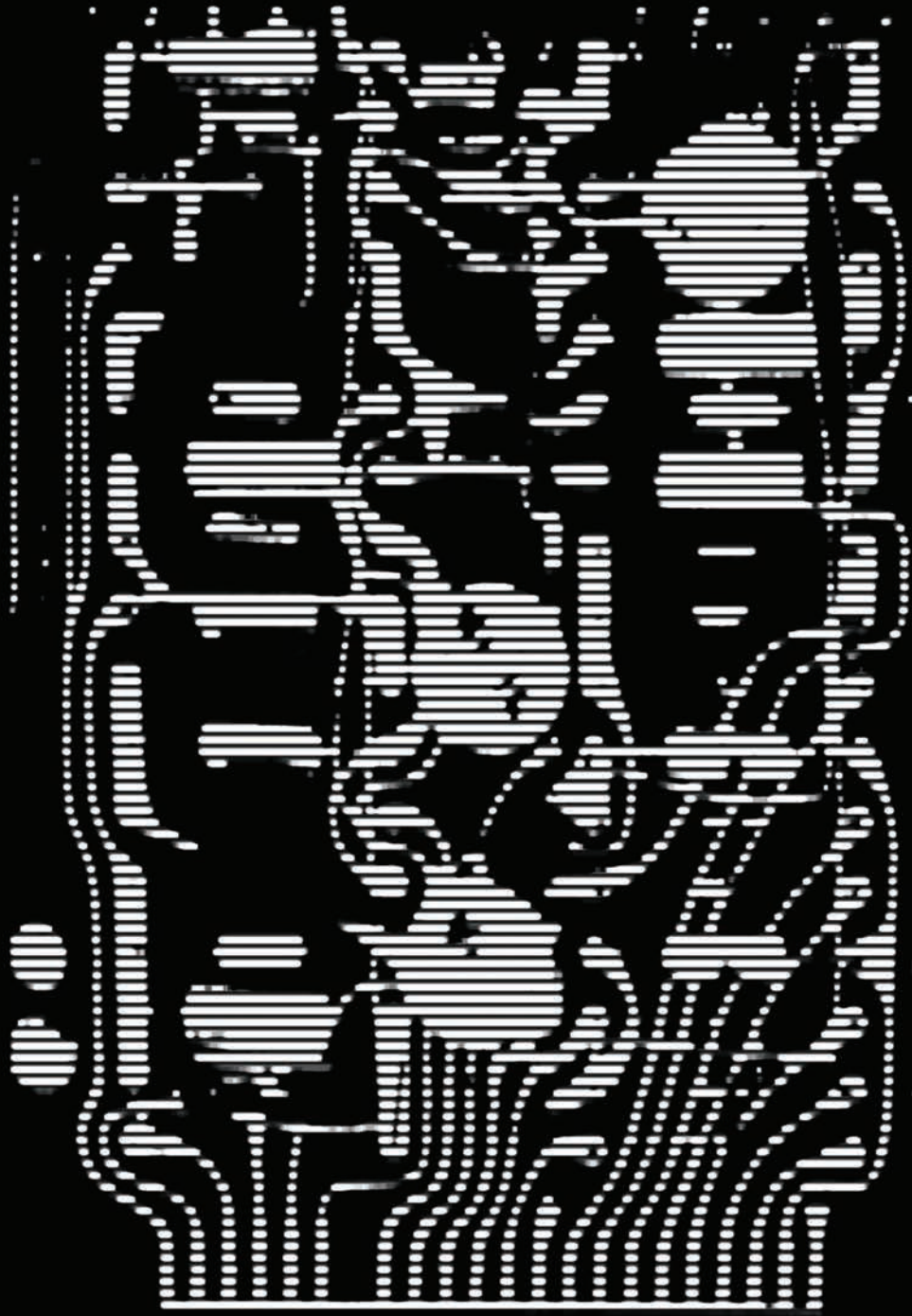
**RUBIES AND RUST**

Menstruation,  
the great life  
disrupter

Erin Carey  
Thursday  
September 8



# COURSE DESCRIPTIONS



# TRACK KEY

APP

Advanced Practice Provider

ASIPP

American Society of Interventional Pain Physicians

BHV

Behavioral Pain Management

CBN

Cannabinoids

CPS

Chronic and Regional Pain Syndromes

DHC

Diamond Headache Clinic

ENC

Encore

HLC

Health Coaching

INT

Interventional Pain Management

INTG

Integrative Pain Management

IPPS

International Pelvic Pain Society

KEY\*

Keynote

MAS

Master Class

MDL

Medical/Legal

PBF

Pain Basics Forum

PHM

Pharmacotherapy

POS\*

Poster Session and Oral Presentations

PSD

Psychedelics

PTH

Physical Therapy

SIS

Special Interest Session

SYM

Symposia

\*Not certified for credit

#### APP-01

**Lo and Behold:** The Clinical Nurse Anesthetist Experience in Pain Management

Jackie Rowles

**Wed** ● 7:30a – 8:20a L3 ● Gracia 1

Interested in NSPM-C and CRNA? Reevew the nurse anesthesia specialty path and practice in advanced pain management. Highlights include the educational progression from specialty training to academic based fellowships and a subspecialty board certification in Nonsurgical Pain Management (NSPM-C). A detailed look into a day in the life of a pain management Certified Registered Nurse Anesthetist (CRNA) will be provided, along with interdisciplinary teamwork and multimodal treatment therapies in advanced pain care.

#### APP-02

**Green Acres:** Pregnancy & Pain in Rural Communities

Theresa Mallick-Searle

**Wed** ● 11:00a – 11:50a L3 ● Gracia 3

Pain during pregnancy generally involves musculoskeletal conditions, fibromyalgia, neuropathic pain, or chronic headache including migraine. For a woman with chronic pain, adequate use of analgesics may be necessary during pregnancy, and it is of the utmost importance for practitioners to understand the impact of analgesic drugs on the developing fetus. Women with opioid use disorder are often untreated or undertreated, possibly stemming from a fear and misunderstanding of which analgesics are safe. Knowledge about which pharmaceuticals and nonpharmaceutical treatments are safe and effective in pregnancy, or in opioid use disorder, is important for NPs working in practices where the care of these women takes place. This session will explore the effects of unmanaged pain on the pregnant female, as well as fetus, and it will provide the audience with a sound, evidenced based approach to safely manage chronic pain in the pregnant female with and without an opioid abuse disorder.

#### APP-03

**Neuromodulation for Advanced Practice Providers**

Zohra Hussaini

**Wed** ● 1:40p – 2:30p L3 ● Gracia 3

The history of spinal cord stimulation (scs) and peripheral nerve stimulation (PNS) will be reviewed. The mechanisms of action and differences between scs and PNS will be explored, as well as indications for these advanced interventional pain therapies. To be discussed: the who, why, and how of patient selection for these therapies.

#### APP-04

**Bridging the Gap:**

The Transitional Pain Service and Role of the NP

Oluwatobi Hunter

**Wed** ● 2:40p – 3:30p L4 ● Nolita 3

Persistent opioid use following surgery is common and contributes to long term opioid use. The Transitional Pain Service (TPS) is a multidisciplinary team that provides a comprehensive approach to addressing postoperative pain and aims to prevent persistent opioid use after surgery. TPS collaborates with patients to safely wean opioids after surgery while balancing

adequate pain control, physical function, and quality of life. Attendees will learn about the prevalence and impact of persistent postsurgical pain, the role of TPS in preventing persistent opioid use postsurgery, clinical models of established services, and practical tools for establishing a Transitional Pain Service with a focus on the role of nurse practitioners.

#### APP-05

**The PA Perspective on Owning Your Own Practice**

Jeremy Adler

**Wed** ● 3:40p – 4:30p L4 ● Nolita 1

Many states currently have provisions that authorize PAs to become practice owners in some capacity, although participation varies. Being a PA practice owner or co-owner has a number of advantages and challenges. This presentation will explore, discuss, and share experiences with different types of PA practice ownership structures, present examples of a few individual state requirements, and consider the value PA ownership may bring to patient-centered, team based care.

#### ASIPP-01

**The Tingler:** Evidence Based Minimally Invasive Interventions for Chronic Low Back Pain

Kiran Patel

**Tues** ● 9:40a – 10:30a L3 ● Gracia 3

Refer to the mobile app for course description.

#### ASIPP-02

**Breakfast of Champions:**

Ketamine Infusion for Chronic Pain and Depression

Kiran Patel

**Tues** ● 5:40p – 6:30p L3 ● Gracia 3

Refer to the mobile app for course description.

#### ASIPP-03

**The Skeleton Key:**

Failed Back Surgery Syndrome and Spinal Cord Stimulation

Mayank Gupta

**Thurs** ● 1:40p – 2:30p L3 ● Gracia 3

Neuromodulation devices can provide neurorehabilitation for the treatment of many non-painful neurological disorders such as migraine, epilepsy, psychiatric and movement disorders. Neuromodulation has many benefits to providing relief to disorders, however the most promising includes how neuromodulation reverse engineers the disorders. Neurostimulation may also facilitate the reorganization of injured neural networks. Due to this, the symptoms of the disease are treated, providing adequate therapy to counteract the disease. For example, neuromodulation therapy for depression targets includes transcranial magnetic stimulation, transcranial direct current stimulation, magnetic seizure therapy, vagus nerve stimulation, direct cortical stimulation, and deep brain stimulation—among others (Holtzheimer et al., 2012). For neuromodulation to treat epilepsy one study showed that only a few individuals have achieved complete freedom from seizures for more than 12 months with these therapies, whereas more than half have benefited from long-term reduction in seizure frequency of more than 50% (Ryvlin et al., 2021).

Developing therapeutic applications of neurostimulation has mostly focused on transcranial current stimulation (tDCs and TACS), and transcranial magnetic stimulation (TMS). TMS has also demonstrated considerable effect in posttraumatic stress disorder (PTSD) (Karsen et al., 2014). In addition to TMS devices, combining neurostimulation with other therapies, such as medication, cognitive therapy and other behavioral approaches could be necessary to achieve ultimate efficiency. Additionally, combining neuromodulation with an EEG monitor could serve as enabling individualized therapy of stimulation to appropriate areas of the brain pertaining to a specific neurological disorder. However, neuromodulation also requires more research based clinical trials to support the growth of this therapy. Biomarkers to predict response to neuromodulation therapies are not available, and high-level evidence to aid decision making about when and for whom these therapies should be preferred over other antiepileptic treatments is scant. Future studies are thus needed to address these shortfalls in knowledge, approve other forms of neuromodulation, and develop personalized closed-loop therapies (Ryvlin et al., 2021).

#### ASIPP-04

##### **Atomic Secrets:**

Regenerative Medicine in Managing Chronic Pain

Nebojsa Nick Knezevic

**Thurs** ● 2:40p – 3:30 L3 ● Gracia 3

Regenerative medicine is a medical subspecialty that seeks to recruit and enhance the body's own inherent healing armamentarium in the treatment of patient pathology. This therapy's intention is to assist in repair and potentially replace or restore damaged tissue through the use of autologous or allogenic biologics. This field is rising like a Phoenix from the ashes of underperforming conventional therapy amidst the hopes and high expectations of patients and medical personnel alike. But, because this is a relatively new area of medicine that has yet to substantiate its outcomes, care must be taken in its public presentation and promises, as well as in its use. Learners will come to understand that regenerative therapy should be provided to patients following diagnostic evidence of a need for biologic therapy, following a thorough discussion of the patient's needs and expectations, after properly educating the patient on the use and administration of biologics and in the full light of the patient's medical history. Attendee and explore how regenerative therapy may be provided independently or in conjunction with other modalities of treatment, including a structured exercise program, physical therapy, behavioral therapy, and the appropriate conventional medical therapy as necessary.

#### ASIPP-05

##### **Management of Chronic Abdominal Pain:**

Treatment Algorithm

Alaa Abd-Elseyed

**Fri** ● 3:40p – 4:30p L3 ● Gracia 3

Chronic abdominal pain is one of the most challenging painful conditions. Not only is it hard to treat, but it does not have strong body of literature discussing best treatment options. This talk on chronic abdominal pain will explore anatomy,

pathophysiology, causes, and treatment options, including nonpharmacological, pharmacological, and interventional modalities.

#### BHV-01

##### **What's Eating You?**

The Complexities of Eating Disorders and Chronic Pain

Melissa Geraghty

**Tues** ● 7:30a – 8:20a L4 ● Nolita 1

Eating disorders have the second highest mortality rate of any mental health diagnosis. Despite this staggering statistic, most healthcare professionals have limited to no training concerning the diagnostic criteria and treatment of eating disorders. People with chronic pain are also at a higher risk of developing an eating disorder. To complicate matters, many patients with eating disorders experience acute and/or chronic pain. Eating disorders may go undetected in people with pain conditions because doctors may assume eating changes are related to medical causes or depression. Both chronic pain and eating disorders are among the most complex conditions healthcare professionals can encounter. When they occur concurrently, treatment challenges are heightened and it is imperative that patients see healthcare professionals who have been properly trained in these areas.

#### BHV-02

**Invisible Privileges:** How to Rebalance the Provider-Patient Relationship in Marginalized Populations

David Cosio

**Tues** ● 9:40a – 10:30a L4 ● Nolita 1

Research has robustly demonstrated that marginalized or minority patients present with higher pain prevalence rates and experience less adequate assessment, treatment, and favorable outcomes compared to their majority counterparts. Incorporating cultural competence—also referred to as cultural humility and cultural responsiveness—into clinical practice has been introduced as a vital method to address these health disparities.

#### BHV-03

**The Upside Down:** Fear-Avoidance & Chronic Pain

David Cosio

**Tues** ● 11:00a – 11:50a L4 ● Nolita 1

Psychosocial factors have become increasingly recognized as important moderators and determinants of the pain experience. A number of variables tap into a negative pain schema, including pain anxiety, pain helplessness, and fear of pain. These share a significant variance compared with broader negative affect constructs, such as depression and anxiety. Fear can lead to avoidance of activities that people with chronic pain associate with the occurrence or exacerbation of pain. While avoidance can be adaptive in the acute phase, continued avoidance during the chronic phase can lead to distress, disability, and increased absenteeism and healthcare utilization. The fear avoidance model (Lethem et al, 1983) describes how individuals develop chronic musculoskeletal pain as a result of avoidant behavior based on fear. A question remains: If fear drives disability, then could



theresa mallick-searle

# GREEN ACRES

pregnancy & pain in rural communities  
wednesday

MAYANK DUPTA

THE SKELETON

# KEY

FAILED BACK SURGERY SYNDROME AND SPINAL CORD STIMULATION  
THURSDAY

# the TINGLER

evidence based minimally invasive interventions for chronic low back pain

kiran patel  
tuesday

STEVEN KISHNER

# POINT BLANK

DEMISTIFYING ENTRAPMENT NEUROPATHIES  
TUESDAY

severe disabling pain make one fearful? Fear avoidance beliefs can be assessed using questionnaires that will be delineated in the presentation. Assessment of pain related fear is recommended because treatment may only be appropriate for patients who are more likely to be avoiders. Graded activity is an effective strategy to regain physical fitness and concurrent positive effects on cognitive factors. Focusing on cognitive factors by using cognitive behavioral therapy directly may foster stronger effects. Other mind-body approaches, such as guided visualization, meditation, yoga, and similar holistic techniques will be discussing.

#### BHV-04

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##### **How to Get to Sesame Street:**

Reducing the Stigma Attached to Chronic Pain

David Cosio

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**Tues** ● 4:40p – 5:30p L4 ● Nolita 1

There is substantial evidence that individuals with chronic pain commonly experience stigmatization. People living with chronic pain often share that they do not feel believed by romantic partners, relatives, friends—or even their healthcare providers. Also, healthcare providers often report feeling uncertain or unprepared to manage patients with chronic pain. In clinical settings, stigma may lead to underassessment and underestimation of pain by the healthcare system. Stigma is first thought of as a social identity quality that varies from and is identified by the dominant culture as a salient difference. The cultural and social norms in the US include the expectation for objective, observable evidence of a pain condition: people anticipate improvement when the condition is treated with traditional methods used in the Western healthcare system. Efforts have been made to better understand the stigma associated with chronic pain in order to improve outcomes, but there is more work to be done. Interventions addressing stigma in the social sciences can be organized into intrapersonal, interpersonal, and structural. All will be discussed in this course. Stigmatization can be reinforced by media portrayals, public attitudes, and behaviors, and can lead to the patient concealing their pain and/or social isolation. We must be committed to a radical reformulation of its clinical *modus operandi*.

#### CBN-01

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##### **How Green Is My Valley:**

Newly Discovered Cannabinoids and Their Possible Medical Uses

Jeanette Jacknin

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**Tues** ● 7:30a – 8:20a L3 ● Gracia 1

CBD. It's been utilized in skincare since it burst on the scene about 6 years ago. Now, other rarer cannabinoids such as CBG are being introduced for pain control and medicinal use. It's important to be familiar with these lesser known cannabinoids, as they become increasingly mainstream. Exciting research and possible therapeutic uses of newly discovered cannabinoids—such as CBGa, CBG, CBN, CBC, and THCa—will be discussed, with emphasis on medical and pain applications. Products already on the market will be examined, as well as how to find reputable sources.

#### CBN-03

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**Everything Is Illuminated:** Cannabis and Cannabinoids for Muscular, Joint, Neuropathic, and Migraine Pain

Jeanette Jacknin

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**Tues** ● 5:40p – 6:30p L4 ● Nolita 1

Recent medical literature on cannabis, cannabinoids, and terpenes that have been found useful in the treatment of pain will be reviewed. Individually, muscular pain, joint pain, migraine pain, and neuropathic pain will be examined, along with reputable products on the market which may help patients find relief.

#### CPS-01

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**Point Blank:** Demystifying Entrapment Neuropathies

Stephen Kishner

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**Tues** ● 9:40a – 10:30a L4 ● Nolita 3

Carpal tunnel syndrome affects up to 10 million Americans. It and ulnar neuropathy are the most common nerve entrapments in the body. They can cause considerable chronic pain. A good understanding of the etiologies, risk factors, treatments, and outcomes is essential for the successful management of these disorders. In this course, causes and treatments will be reviewed.

#### CPS-02

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**Neurogenic Thoracic Outlet Syndrome**

Paul Christo

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**Tues** ● 1:40 – 2:30 L4 ● Nolita 1

If you see patients who have pain from their neck and shoulder, radiating down the arm and into their fingers, they may have neurogenic thoracic outlet syndrome. Occipital headaches, arm weakness, and chest wall pain often coexist. This syndrome targets women and can occur after motor vehicle accidents. It's a complex spectrum disorder that provokes controversy; in fact, it may be the most controversial diagnosis in medicine. The evidence demonstrates that if it's left untreated, a patient's quality of life is impaired as much as having chronic heart failure. This presentation will discuss common symptoms, etiology, diagnosis, and treatment options, including onabotulinumtoxinA therapy.

#### CPS-03

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**The Crucible:** Update on Complex Regional Pain Syndrome

R. Norman Harden

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**Tues** ● 2:40p – 3:30p L4 ● Nolita 3

This talk will be based on the fifth edition of *Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines*, published in June 2022. There will be an emphasis on certain diagnostic issues, particularly the "fatal flaw" of using general consensus based diagnostic criteria (the "Budapest" criteria) to recruit subjects for research, and the need, rationale, and process for identifying clinically relevant mechanistic subsets of disease. The new COMPACT diagnostic guidelines, both the clinical and symptom based schemes, will also be discussed. Despite the aforementioned issues in using screening criteria for research inclusion, we will identify and discuss new and more effective treatments proven in the literature, with an emphasis on the multidisciplinary/interdisciplinary approach.

Included will be interventional techniques and pharmacology in the multidisciplinary approach. Access to the guidelines will be given to all attendees.

#### CPS-04

##### **A Simple Twist of Fate:**

Understanding Whiplash Risk Factors & Treatment

Stephen Kishner

**Tues** ● 4:40p – 5:30p L3 ● Gracia 3

Whiplash, defined as a neck injury due to forceful, rapid back-and-forth movement of the neck, is a misunderstood entity that can cause chronic pain. One study estimated that each year about 3 million Americans sustain whiplash injuries; about half experience chronic pain. Whiplash and the current state of the art treatment, along with risk factors, etiology, and outcomes will be discussed.

#### DHC-01

##### **Diamond Headache Clinic: Epidemiology and Diagnosis**

Merle Diamond

**Thurs** ● 9:40 – 10:30 L4 ● Nolita 1

Migraine is a complex disorder of the nervous system that is recurrent and causes significant disability. In fact, it is the second most common cause of disability worldwide. Migraine attacks can occur unpredictably and are a major cause of missed time from work and other activities. The impact is staggering, affecting about 40 million Americans. Women have a significantly increased risk, and almost 1 in 5 are affected. Because migraine is often genetically transmitted, families are impacted. Current diagnosis and secondary headache causes will be explored, along with the common evolution of a migraine attack. Also to be discussed: the current classifications of migraine and what they mean in terms of disability and treatment, and the evolution of the understanding of migraine pathology and how it has introduced newer interventions for this patient population. Older theories will be covered, as well as what is understood today and the importance of CGRP, the risk factors for chronification of migraine, and how to take a headache history.

#### DHC-02

##### **Diamond Headache Clinic: Prevention Treatment**

Merle Diamond

**Thurs** ● 11:00a – 11:50a L4 ● Nolita 1

Which migraineurs need prevention and why? We will discuss pharmacological treatment, neuromodulating devices, supplements, and lifestyle interventions. Migraine treatment has evolved dramatically in the past 5 years and migraine patients have experienced better outcomes with fewer side effects. It is important to look at what our prevention outcome goals are and how we can track them. Even though older treatments were fraught with tolerability issues and patient compliance, it is important to understand these therapies, including use of a rating system for migraine prevention medicines formulated by scientific data. In the past several years there have been changes to our preventative treatments that include botulinum toxin for chronic migraine as well as the advent of monoclonal antibodies to CGRP and 5HT<sub>1B/1D</sub> in the prevention of

migraines. Lastly, we will address the use of neuromodulating devices as part of the migraine treatment spectrum.

#### DHC-03

##### **Diamond Headache Clinic: Acute Treatment**

Christopher Rhyne

**Thurs** ● 1:40 – 2:30 L4 ● Nolita 1

The proper application of acute therapeutic treatments for the management of migraine headache disease and current patient treatment patterns and associated risks will be reviewed. As potential therapeutic options are explored, understanding of the development of medication overuse headache, drug abuse/dependence, and acute medication utilization errors is critical. Also to be discussed: prescriber habits that persist in the acute management of migraine headache but offer little evidence based support and can even drive the same risks associated with exposure to opiates and other addictive agents. The course will cover ideal application of classes of acute interventions, the potential for combination treatments, the use of nonpharmaceutical options, and outcome goals. Medications—from over-the-counter to traditional migraine specific options to newer choices—play a vital role in the treatment of migraine attacks; these will be discussed in detail, along with a drug class review and associated risks and advantages. Effective timing of the application of therapies and the associated contraindications that would play a role in medication selection for patients will be reviewed. Finally, the session will highlight the most impactful ways to message education and training to effectively empower patients to get the most advantageous outcomes from acute interventions.

#### ENC-01

##### **The Big Muddy: Why Clinical Trials Fail (Encore)**

R. Norman Harden

**Thurs** ● 1:40p – 2:30p L3 ● Gracia 1

See SIS-06 for course description.

#### HLC-01

##### **Tea for Two: Empathy vs Sympathy**

Becky Curtis

**Tues** ● 1:40p – 2:30p L4 ● Nolita 3

*"Empathy fuels connection and sympathy drives disconnection."*

Brene Brown

Those with chronic pain often experience a lot of sympathy. Unknowingly, most sympathizers come from a place of judgment and pity, contributing to helplessness and immobilization in the person with pain. Empathy, on the other hand, is climbing into the pit with the broken. By being with them, and not trying to fix them or give them solutions, but instead actively listening, an understanding of their perspective is more achievable.

#### HLC-02

##### **The Secret Garden:**

Health Coaching, Hope, and Healing Through Crisis

Becky Curtis

**Tues** ● 4:40p – 5:30p L4 ● Nolita 3

A certified health and wellness coach will share the significant



r. norman harden **wednesday**  
 encore  
**thursday**

**why clinical trials fail**

# the big muddy

r. norman harden

# the CRUCIBLE

update  
 on  
 complex  
 regional  
 pain  
 syndrome  
 tuesday

**a simple twist of fate**

understanding  
 whiplash  
 risk factors &  
 treatment

steven kishner  
 tuesday

becky curtis tuesday

# TEA FOR TWO

empathy vs sympathy



# THE SECRET GARDEN

HEALTH COACHING, HOPE, AND  
HEALING THROUGH CRISIS



BECKY CURTIS  
TUESDAY



impact telephonic coaching has had in lessening the widening gap between clients and caregivers during the COVID-19 crisis. Such discoveries serve as a reminder that in-home telephonic services can be very successful in filling the void between the best practices of the clinic and the patient's real-world application at home. Innovative approaches like this may well be the wave of the future as technology improves and unexpected health crises abound.

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#### HLC-03

**Day for Night:** Changing the Pain Experience When Living Life With Persistent Pain

Becky Curtis

**Tues** ● 5:40p – 6:30p L4 ● Nolita 3

Pain management coaching is a systematized application of techniques, including motivational interviewing, that enable patients to work through ambivalence and take action to change their lives. One of the primary components is education. Coaches teach skills to the patient to facilitate and regain a sense of control and direction. Working with patients to implement the providers' recommendations, coaches give support and tools to help the patient reframe any perspective hopelessness and safely navigate through the treacherous jungle of complicated pain.

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#### INT-01

**East V. West:** Who Should Hold the Needle First?

An Acupuncturist and an Interventional Pain Specialist Debate

Johnathan Goree Carrie Hyde

**Thurs** ● 9:40a – 10:30a L3 ● Gracia 3

Back pain is the second leading primary care chief complaint. When patients fail conservative management, providers may be faced with the question "What next?" During this debate, a physician medical acupuncturist and an interventional pain specialist will discuss approaches to the low back pain patient. They will also debate the evidence behind both philosophies in the treatment of low back pain, provide a cost benefit analysis, and determine which treatment should patients be referred to first. Chinese medicine has utilized needle based acupuncture successfully for the treatment of chronic low back pain for 5000 years, and Medicare now covers its use. Over the past 20 years, interventional pain has developed multiple opioid sparing interventions targeted at axial lumbar pain treatment, including ablative, neuromodulative, and restorative therapies. Recent literature has demonstrated high efficacy for many low back indications. Who will win the debate? Certainly the patient.

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#### INT-02

**Landmark Study on Chronic Back Pain + New Mobility Index to Easily Assess Your Patients' Functional Limitations**

Peter Pryzbylkowski

**Tues** ● 11:00a – 11:50a L4 ● Nolita 3

In June 2022, a 5,000 person, landmark study was conducted to explore chronic low back pain by decade and the impact it has on Americans' mobility and quality of life. The presenter of this course contributed to the development of the nationwide study

that was designed to capture the incidence of chronic low back pain, common diagnosis and treatment paths, and the effectiveness of care and mobility capabilities of those with low back pain. The data will result in the development of a novel mobility index that patients and providers can use to easily assess functional capabilities and limitations. It is the first patient/HCP-friendly mobility index of its kind and will revolutionize the way assessments are performed, encouraging more patients to seek help for their pain and mobility limitations.

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#### INT-03

**Landscape of Wonders:**

Injections, Nerve Blocks, Pumps, and Neuromodulation

Paul Christo

**Tues** ● 2:40p – 3:30p L3 ● Gracia 3

Attendees will be provided with a clear understanding of the value of interventional procedures for treating chronic pain. Guidelines recommending nonopioid therapy, nerve blocks, injections, and neuromodulation strategies are assuming an increasing role in managing chronic pain. Common procedures used for pain reduction will be highlighted, along with their evidence base and a basic description of how each procedure is performed. The course will primarily review strategies for treating low back pain, neck pain, radicular pain, knee pain, and incorporating spinal cord stimulation, peripheral nerve stimulation, and intrathecal pumps.

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#### INT-04

**The Lowdown:**

Rethinking the Role of Interventional Pain Management

Michael Bottros

**Thurs** ● 5:40p – 6:30p L3 ● Gracia 1

There are over 250 interventional procedures traditionally thought of as pain based. However, this view can be considered very short-sighted, as many of these interventions have secondary effects that can greatly help patients outside of the traditional realm of pain management. Various traditional interventions that have significant evidence behind other conditions will be examined in this course, for example: stellate ganglion blocks to treat posttraumatic stress disorder, recalcitrant ventricular tachycardic storm, or severe Raynaud's disease; spinal cord stimulation for peripheral vascular disease, intractable angina, or spinal cord injury/paralysis; and other procedures you may not realize play a role in treating other conditions.

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#### INT-05

**The Petrified Forest:**

Sacroiliac Joint Dysfunction and Treatment Update

Sean Li

**Fri** ● 11:00a – 11:50a L3 ● Gracia 3

Sacroiliac joint related pain has a prevalence of 16% to 30% among chronic low back pain (clbp) patients. The sacroiliac joint is a large load bearing joint and a common pain generator in patients with CLBP. The joint is innervated by a complex web of sensory nerves and, thus, presenting pain patterns are often variable and shared by other concurrent pathologies. Diagnosis of sacroiliac joint dysfunction can become overshadowed by



becky curtis

# DAY FOR NIGHT

changing the pain  
experience when  
living life with  
persistent pain

tuesday

*Chase*

more obvious diagnoses such as lumbar radiculopathy. Unless a clinician actively rules out sacroiliac joint pain, it can easily be missed and forgotten during the workup for back pain. This presentation will review the anatomy and physiology of the sacroiliac joint. To be discussed: sacroiliac joint biomechanics, dysfunction, and pathophysiology of chronic sacroiliac joint pain. The diagnosis and treatment, including current controversies in sacroiliac joint fusion will be reviewed. The topics introduced will help both interventional and noninterventional pain physicians understand sacroiliac joint dysfunction as a commonly overlooked CLBP generator.

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#### INT-06

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##### **When Stars Align:**

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The New Era of Peripheral Nerve Stimulation

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Sean Li

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**Fri** ● 2:40p – 3:30p L3 ● Gracia 1

Auricular acupuncture, a form of ancient peripheral nerve stimulation (PNS) was documented as early as 200 BC in China. The application of electrical stimulation to nerves distal to the dorsal root ganglion or PNS was introduced more than 50 years ago. Due to the lack of dedicated equipment and challenges in reimbursement, the advancement of PNS technology had been rather subdued until the last decade. An implantable PNS device was FDA cleared in 2015 after the first landmark study by Deer et al. This led to a series of fortuitous events paving the way for the recent explosion of PNS innovation in interventional pain medicine. This presentation will review the evolution of peripheral nerve stimulation technology and the accompanying scientific evidence. The topics introduced will help both interventional and noninterventional pain physicians understand the application of peripheral nerve stimulation options for various chronic pain conditions.

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#### INTG-01

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**The Gut-Brain Axis:** Aligning the Three Brains to Resolve Pain

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Trupti Gokani

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**Thurs** ● 2:40p – 3:30p L4 ● Nolita 3

Pain is complex and often challenging to understand. Over the years, the focus of pain has been on improving brain health to lessen the perception of pain. When we refer to our brain, we often refer to the brain in our heads. Yet novel research is now proving that the brain in our gut, often referred to as the second brain, has a direct impact on the health of the brain in our heads, the first brain. Even more profound is the impact of the microbiome, which some refer to as the third brain, and how the unique profile of microorganisms in our digestive systems can influence how we think, feel, and even operate as humans. This course will review the three brains and how we can optimize each to improve the burden of pain. Focusing on one area without balancing the others can actually limit the ability to respond to medications and other treatments. The psychobiome, which regulates moods, will also be discussed, as novel research shows that shifting this area may have a profound impact on vitality and perception of negative events. All of this may allow a more thorough treatment of pain by combining approaches to align the three brains via mind work, emotional release, dietary changes, and effective ancient

medicine strategies used for over 5000 years. A Three Brain Quiz will be offered and attendees will learn actionable steps to help patients create balance, improve their pain condition, and potentially respond more effectively to pain medications, injectables, or other treatments.

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#### INTG-02

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**Sunshine of Your Love:** How a Heart-Centered Approach Can Conquer Chronic Pain

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Peter Abaci

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**Fri** ● 7:30a – 8:20a L4 ● Nolita 1

Chronic pain is a disruptive multidimensional experience based on physical, emotional, cognitive, social, and economic factors. Traditional treatment strategies typically focus on the mitigation of unpleasant sensory symptoms, but for many chronic pain patients, their subjective pain experience persists, even after pursuing treatments over a period of years. Research done on assessing overall health, well-being, life satisfaction, and happiness all seem to endorse the important role that social connectivity and love play in optimizing outcomes. We can define “love” in this context as a positive emotional connection to others with a deep-rooted concern for their common good. Yet, pain patients often experience significant losses in the quality of their relationships with spouses, family members, friends, and coworkers, while often struggling with mood disorders and feelings of isolation. Such losses in social support can constitute one of the biggest casualties of a life in pain. This course will demonstrate how to create multidisciplinary strategies for treating chronic pain that help boost bonding and social connection, while substantially improving measurable treatment outcomes.

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#### INTG-03

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**Virtual Reality for the Primary Care Physician**

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Robert Bonakdar

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**Fri** ● 1:40p – 2:30p L4 ● Nolita 3

While historically utilized in the arena of gaming, virtual reality (VR) has become a rapidly emerging technique in pain management, including recent FDA approval for the treatment of low back pain. VR’s ability to improve acute and procedure related pain, as well as a being a novel method for providing evidence based behavioral strategies, makes it an attractive pain management tool in primary care. This session will review VR’s analgesic and opioid sparing mechanisms, clinical evidence in common primary care pain scenarios, and provide guidance on how to incorporate it into practice.

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#### INTG-04

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**Take 2 Zaps and Call Me in the Morning**

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Robert Bonakdar

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**Fri** ● 2:40p – 3:30p L4 ● Nolita 3

Electrostimulation devices have gained increasing attention as effective nonpharmacological approaches to pain management. Migraine is a condition with a number of FDA approved devices and this presentation will review their clinical evidence and indications in various headache scenarios. In addition, attendees will learn how to prescribe these devices to effectively expand their patient’s acute and preventative treatment strategies.



INTG-05

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**An Integrative Osteopathic Approach to Opioid Use Disorder**

Robert Agnello

**Fri** ● 4:40p – 5:30p L4 ● Nolita 1

Integrative osteopathy utilizes osteopathic manipulative treatment (OMT) combined with holistic therapy and healing methods to support the patient. This course will provide a review of opportunities in osteopathic integrative medicine that complement the current standard of care in the treatment of opioid use disorder, including lifestyle management, movement, behavioral health, acupuncture, and OMT.

IPPS-01

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**Rubies and Rust:** Menstruation as the Great Disrupter

Erin Carey

**Thurs** ● 7:30a – 8:20a L4 ● Nolita 1

“Why are girls still missing so many days of school because of their menstrual cycles?” tweeted First Lady Michelle Obama in 2016. More than 90% of adolescents and 50% of menstruating women worldwide experience pain with menses, with 10% to 20% reporting severely painful cramps several days each month, affecting school and work. Primary dysmenorrhea (menstrual pain without an underlying medical condition) is also associated with enhanced pain sensitivity and temporal summation in adolescents and adult women, suggesting a central pain process. There are data that treating dysmenorrhea, as the first chronic pain disorder many women experience, may be the key to unlocking—and possibly preventing—chronic pain later in life. This session will focus on the evidence that dysmenorrhea is a primary risk factor for chronic pelvic pain and significantly and negatively impacts women across all ages. We will review early screening, keys to the clinical evaluation, and treatment modalities with an emphasis in adolescents.

IPPS-02

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**One Candle, Two Wicks:**

Managing Female Sexual Pain and Dysfunction

Georgine Lamvu

**Thurs** ● 9:40a – 10:30a L3 ● Gracia 1

Nearly 40% of women in the United States experience problems with sexual function, yet few are able to seek help. Sexual dysfunction can result from a variety of causes, and treatments are readily available. This session will review 5 types of female sexual dysfunction (FSD), the essential elements of the FSD evaluation, and multimodal therapies for each category of FSD. Learners will be able to identify opportunities for change and improvement in their clinical practice.

IPPS-03

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**Shadows and Fog:**

Biomedical and Psychosocial Considerations of Pelvic Pain

Jennifer Hah Ravi Prasad

**Thurs** ● 4:40p – 5:30p L4 ● Nolita 3

The prevalence of chronic pelvic pain in women 18 to 50 years old is approximately 15%; in men, between 2% and 16%. Only a fraction of these individuals seek medical care. Also, the average time from presentation to a primary care provider and appropriate specialty referral and diagnosis ranges from 3 to 7 years.

Years! Not only is it essential for frontline providers to recognize the broad differential diagnoses contributing to pelvic pain, but also to understand appropriate and prompt specialist referral. Furthermore, many of these conditions require ongoing interdisciplinary management for optimal outcomes. This course, presented by a pain physician psychologist and a pain physician with a specialization in pelvic pain, will review the epidemiology, risks factors, and etiology of a spectrum of pelvic pain conditions and relevant interdisciplinary treatment options.

IPPS-04

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**Help!** Resources for Managing Female Chronic Pelvic Pain in a Busy Clinical Practice

Jorge Carrillo

**Thurs** ● 5:40p – 6:30p L4 ● Nolita 1

Chronic pelvic pain (CPP) is a condition that affects nearly 26% of the world's population, and specific conditions such as endometriosis can affect up to 10% of reproductive age woman and girls globally. CPP is as prevalent as asthma, low back pain, and chronic migraine; it is multifactorial and associated with many nociceptive, neurologic, and nociplastic factors, affecting several domains of the patient's quality of life. Despite this, there are several obstacles interfering and delaying proper care. They include: a perceived lack of empathy from health professionals towards patients, with dismissive attitudes impacting the patient-provider relationship; a lack of access to high quality educational resources for both health professionals and patients; time constraints in the clinical setting; and unawareness of tools available to better organize the patient's history/clinical findings. The objectives of this presentation are to discuss challenges in assessing and treating those with CPP, and offering resources for patients and practitioners. Join this engaging and interactive presentation.

KEY-01

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**Meet Me at the Corner of Opportunity and Adversity:**

A Tribute to Jeffrey Fudin\*

Michael Clark Michael Schatman Kevin Zacharoff

**Wed** ● 4:30p – 5:30p Level 4 ● Mont-Royal Ballroom

We will pay tribute to Jeffrey Fudin, looking back at his life, his contributions to the pain management world, and to people with pain. His lifelong achievements as an educator, mentor, and role model will be discussed.

\*Not certified for credit.

MAS-01

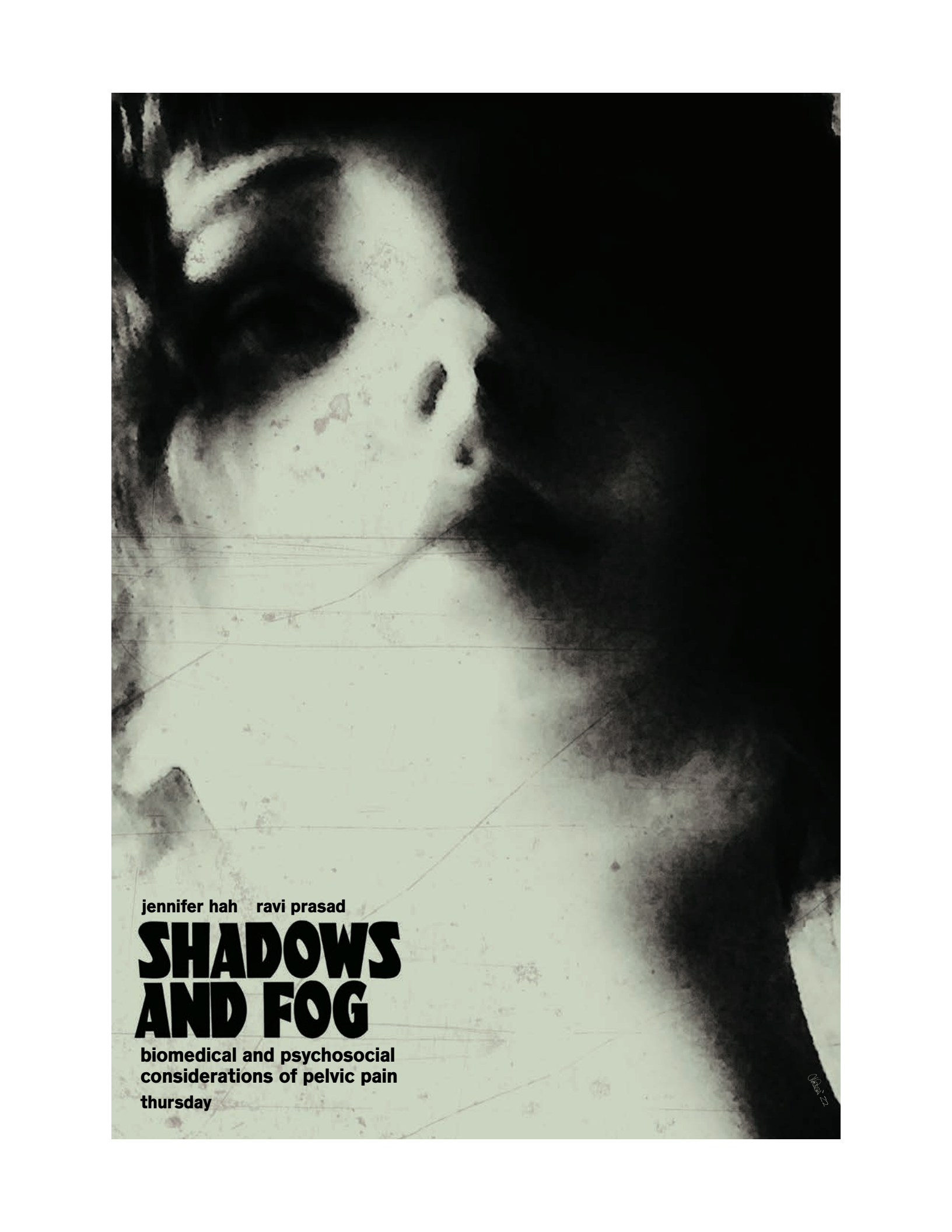
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**Back Pain:** It's All About Diagnosis

David Glick

**Fri** ● 1:40p – 3:30p L3 ● Gracia 3

The prevalence of back pain continues despite the many treatments available, without any single treatment being a panacea. In routine clinical practice, clinical examinations may be more cursory, influenced by increasing demands of time and an over-reliance on technology. It has been suggested that the failure to adequately differentially diagnose the cause of back pain can account for clinical failures in treatment. This discussion will assist clinicians in the development of more specific problem



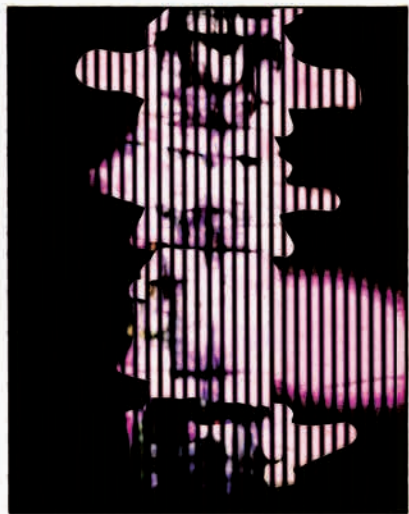
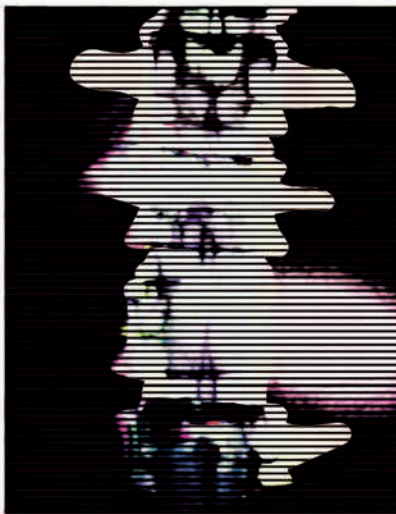
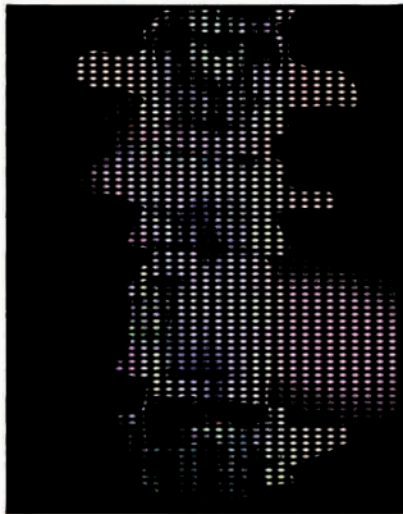
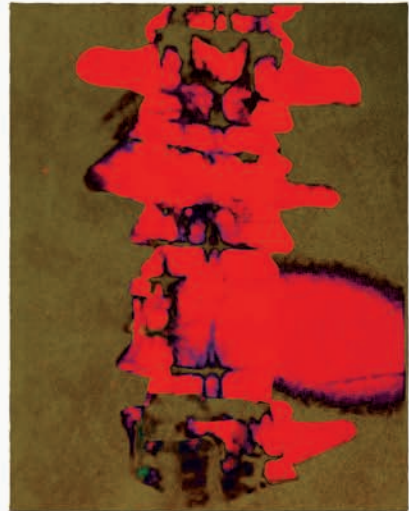
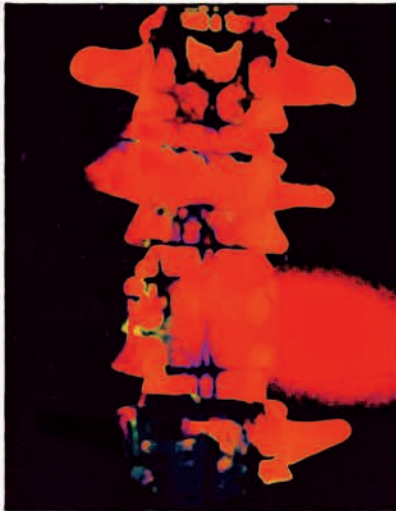
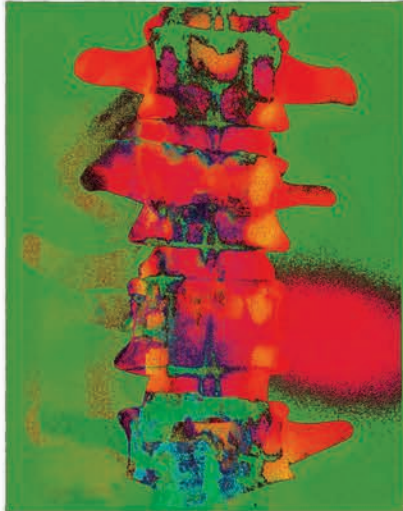
jennifer hah ravi prasad

# SHADOWS AND FOG

biomedical and psychosocial  
considerations of pelvic pain

thursday

03/24/22



**BACK PAIN BACK PAIN**  
**MASTER CLASS**

**BACK PAIN**

IT'S ALL ABOUT THE DIAGNOSIS  
DAVID GLICK ●●●●●●●●●●FRIDAY

1003422



focused examinations to enhance the differential diagnosis of specific pain generators and therefore lead to more patient-centered specific treatments with the goal of enhancing clinical outcomes. Attention will be given to consideration and examination aspects, including physical assessment and imaging studies, and the ability to rationalize when pathologies seen on imaging studies may or may not be clinically significant. The importance of considering how failed treatments influence the differential diagnosis will also be discussed.

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#### MDL-01

**The Persistence of Memory:** DEA Registrant Responsibilities After the United States Supreme Court's Decision in *Xiulu Ruan V. United States of America*

Jennifer Bolen

**Wed** ● 1:40p – 2:30p

L4 ● Nolita 1

The DEA is not authorized to establish medical standards or practice medicine. The Ruan case, to be discussed in this session, reinforces that concept and makes clear "the crucial role 'authorization' plays in distinguishing morally blameworthy conduct from socially necessary conduct." Physicians have been at the center of government prosecutions for "illegal" prescribing of controlled substances for a very long time. Since 1975, when the US Supreme Court decided physicians could be held criminally liable under the federal drug trafficking statute, the DEA and federal prosecutors and a stable of medical experts have applied their own memories and understandings as to what constitutes a valid controlled substance prescription. Sometimes, the government pursues defendant-physicians who were indeed acting as physicians, resulting in a courtroom battle played out over the applicable medical standards and how one should practice medicine, instead of whether the defendant-physician had the legally required "knowledge or intent" to prescribe in an "unauthorized" fashion—to act not as a physician but as a drug dealer. The Ruan decision is a victory, but only time will tell whether it will impact DEA decision-making and memories. Regardless, one thing is clear: Ruan reinforces the need for the Main Street Practitioner to not only understand what is meant by the subject intent of a physician who prescribes controlled substances, but also to continue to push licensing boards, professional societies, and educational groups for clarity on the objective standards associated with "authorized" prescribing: legitimate medical purpose and usual course of professional practice.

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#### MDL-02

**The Plot Thickens:** The Impact of Opioid Litigation on Main Street Practitioners

Jennifer Bolen

**Thurs** ● 11:00a – 11:50a

Level 4 ● Mont-Royal Ballroom

The term "the plot thickens" means that a situation is becoming more complicated, more involved, or more intricate. These words accurately describe the impact of "opioid litigation" on the Main Street Practitioner, and yet cannot fully describe the unintended consequences resulting from an all-out legal assault on the physician-patient relationship. Patients to the left. Practitioners to the right. The great divide brought on by opioid litigation creates the "stuck in the middle" experience physician-patient relationships undergo because of bad actors (every

profession has them) and the lawyers and regulators who play a role in sorting out this mess despite not treating people for a living. Small victories emerge, however, as the health-care system begins to understand the complexity of underlying medical and mental health conditions that are screaming for attention, and which may merit the use of controlled substances. Do you have a voice in writing the next chapter in this story? Absolutely! This lecture is designed for all who wish to be heard, along with their patients, in learning how to avoid being a character in a story often written by those who do not have all the facts, and to navigate a system that often includes vague directives and insufficient tools to tackle medico-legal expectations. Attendees will examine case examples to identify valuable "lessons learned" and similar takeaways to assist in documenting valid controlled substance prescriptions while preserving the physician-patient relationship and avoiding ongoing fall-out from the unintended consequences of opioid litigation.

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#### MDL-03

**Highway 61 Revisited:** Marijuana, Medication Assisted Treatment, and Pain Management Today and Beyond

Jennifer Bolen

**Fri** ● 9:40a – 10:30a

L3 ● Gracia 3

Bob Dylan's 1965 song, *Highway 61 Revisited*, provides an interesting way to examine the challenges faced today and beyond in pain management and medication assisted treatment (MAT). How does one demonstrate individualized patient care and "authorized" medical treatment when prescribing controlled substances? Does a patient's use of marijuana impact a DEA registrant's ability to demonstrate "authorized" opioid prescribing? You may be thinking, "What do I do with patients who require care that might be perceived as being on the fence dividing authorized (valid) prescribing from unauthorized (invalid/illegal) prescribing? Where do I turn for answers?" The Main Street Practitioner knows he/she should not wholly ignore the drama resulting from stakeholder activities on different sides of the marijuana, MAT, and opioid debates. This lecture is for those seeking an improved understanding of—and roadmap for—addressing challenges. Key takeaways include ideas for proactively demonstrating compliance with applicable licensing board rules and controlled substances laws, while also genuinely caring for and treating patients who face their own complex issues in our rapidly changing society.

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#### PBF-01

**Pain Pathways Made Simple**

David Glick

**Wed** ● 7:30a 8:20a

L4 ● Nolita 1

Effective clinical management of pain requires an understanding of underlying mechanisms responsible for its generation. A skillful approach based on better knowledge concerning anatomical structures, pathways, and events that result in pain is more likely to lead to effective clinical management of pain. Awareness of the complex process of pain transmission can significantly help providers recognize clinical outcomes and to better explain it to both patients and caregivers so they may play a greater role in the treatment of painful disorders. The discussion will also include an introduction to medication



classes and nonpharmacologic options typically considered for pain, along with the pathways they affect.

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#### PBF-02

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##### **Chronic Pain Assessment**

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Michael Clark

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**Wed** ● 9:40a 10:30a L4 ● Nolita 1

The best outcomes are founded on the best evaluations. The assessment of patients with chronic pain is the most essential task in the care of patients. Too often, patients with chronic pain are simply prescribed a panoply of therapies with the prescriber hoping for some partial improvement. A comprehensive evaluation of all domains of the patient's life, illness, and prior treatments creates the potential for a patient-centered individualized formulation that will inform the treatment plan. Structured outlines and standardized questionnaires can be incorporated into the assessment to facilitate building trust in the provider-patient relationship. Communication between all parties offers the best source of information to fuel a complete assessment and subsequent treatment. In short, the better you know your patient, the more likely you can create a plan of care that restores their functioning and the potential for a satisfying life. This session will discuss all aspects of evaluation and communication between practitioner and patient.

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#### PBF-03

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##### **Clinical Pearls: Unraveling the Secrets of Imaging Studies**

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David Glick

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**Wed** ● 11:00a 11:50a L4 ● Nolita 1

Diagnostic imaging is an integral component for the differential diagnosis. In routine clinical practice there has been a tendency for clinical examinations to become more cursory, largely influenced by increasing demands of time and patient expectations of technological advances. The result may lead to an overreliance on technology for basic clinical diagnosis. The purpose of this session is to provide an introduction or review of basic imaging studies used for the diagnosis of pain related problems. Special attention will also be given to the limitations of such studies and the importance of establishing clinical relevance to their findings. Factors that adversely affect clinical management potentially resulting in failed treatment will be discussed, as well as best practices and clinical pearls when utilizing such studies to help enhance clinical outcomes for treatment.

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#### PBF-04

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##### **The Long and Winding Road:**

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Cognitive Behavioral Therapy for Opioid Use Disorder

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Ravi Prasad

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**Wed** ● 2:40p 3:30p L4 ● Nolita 1

The opioid crisis led to a large number of patients being rapidly tapered off their medications. Many patients subjected to tapering had developed psychological and physical dependence to their medication but did not exhibit signs of frank addiction. The abrupt discontinuation, however, had unintended consequences, leading some to develop substance use disorders, experience higher levels of emotional distress, and, too often, attempt or complete suicide. The FDA and CDC cautioned prescribers about these potential outcomes and recommended

use of supportive therapies to help make medication changes more successful. Conversely, some patients did meet criteria for opioid use disorder (OUD) and needed treatment for pain and their underlying substance use disorder. Cognitive behavioral therapy (CBT) is often viewed as the gold standard of treatment for pain and OUD, but many clinicians have limited awareness of the theoretical underpinnings of this model or how it is applied. This session will deconstruct CBT, reviewing its foundations, application, and the data supporting its use.

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#### PHM-01

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##### **Trash the Stash: Safe Opioid Disposal**

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Jasmine Carpenter Lindsay Wells

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**Tues** ● 7:30a 8:20a L4 ● Nolita 3

How many times has a patient told you they have a stash of opioids at home or want to keep their unused opioids for a rainy day? Medicine cabinets and drawers all across the country are filled with unused opioids. Most Americans do not know the serious risks of keeping unused opioids in their homes. Even fewer know how to dispose of them properly. As part of a continued effort to address the nationwide opioid epidemic, there should be a greater emphasis on counseling and encouraging patients to properly dispose of their unused opioids to reduce the risk of accidental or intentional misuse. In this session, we will explore various federally recommended opioid disposal methods and will highlight data and lessons learned from a national drug disposal pilot conducted within the Veteran Health Administration. A single opportunity is all it takes to help "Remove the Risk" of unused opioids: tackle the opioid epidemic one opioid stash at a time.

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#### PHM-02

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##### **Pain on the Brain:**

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Pharmacotherapy for Central Poststroke Pain

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Timothy Atkinson Lauren Gonser

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**Tues** ● 9:40a – 10:30a L3 ● Gracia 1

Every year, more than 795,000 people have a stroke, with up to 166,000 people developing central poststroke pain (CPSP). However, there is not a single medication that is FDA approved to treat CPSP, and there are very few studies that evaluate pharmacologic options. Of the studies that do, even fewer have robust data, with many case reports and open-label trials. The aim of this session is to present the available evidence for the pharmacological treatment of CPSP, including efficacy, adverse effects, and doses and provide reference materials for future use. In addition, practical considerations relating to CPSP will be discussed, such as stroke related complications that can add difficulties to treatment.

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#### PHM-03

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##### **The Sum of Its Parts: The Concept of Total Pain**

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Jessica Geiger Alexandra McPherson

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**Tues** ● 11:00a – 11:50a L3 ● Gracia 1

Pain is so much more than a physical experience. Pain brings anxiety, worry, depression, fear, and potentially spiritual distress. Pain, when untreated, affects a person's ability to live the life they want to live. Pain comes from the brain and cannot be treated appropriately without considering all parts of the person in pain. Dame Cicely Saunders coined the phrase "total

# TRASH THE STASH

jasmine carpenter    lindsay wells  
tuesday



*© 2022*

**safe opioid disposal**



Friday  
**JENNIFER BOLEN**

**HIGHWAY 61 revisited** **HIGHWAY 61 revisited**

marijuana, medication assisted treatment, and pain management today and beyond

**the two of us**

opioids and cannabinoids in pain management

abigail brooks  
 courtney kominek  
 thursday

mark garofoli  
 friday **secrets and lies**

the truth about hu-prenor-phine

**HELL'S KITCHEN**

**HOW WE ADDRESS DEA RED FLAGS**

MARK GAROFOLI  
 WEDNESDAY

pain" to define the interaction between all the components of pain. This session will describe the interaction between the psychosocial, spiritual, and physical aspects of pain and develop a treatment plan that encompasses it all.

#### PHM-04

##### **'Itch, Please!** Going Beyond Antihistamines for Pruritus in Patients With Pain or Advanced Illness

Laura Meyer-Junco

**Tues** ● 1:40p – 2:30p L3 ● Gracia 1

Did you know that some analgesics cause itching, and some treat it? Did you know that itch does not always originate in the skin? 'Itch, Please will cover opioid-induced pruritus and the peripherally and centrally mediated mechanisms thought to be responsible. There will be an investigation into the impact of opioid type, dose, and route of administration on the incidence of pruritus, and proposed management strategies will be shared. Other common causes of nonhistamine mediated pruritus (ie, centrally mediated!) in patients with advanced illness receiving palliative or hospice care will be explored. Most importantly, attendees will learn when antihistamines are not the answer, and when gabapentinoids, topical anesthetics and counterirritants, antidepressants, and opioid antagonists might be! The next time someone suggests an antihistamine for pruritus, you may be inclined to reply "'Itch, please!"

#### PHM-05

##### **A Pain in the Aspirin!** Revisiting the OTC Analgesic Aisle

Laura Meyer-Junco

**Tues** ● 2:40p – 3:30p L3 ● Gracia 1

With cutbacks on opioids, patients may resort to the pharmacy aisles for pain relief. What's on those shelves? A whole lot of good, bad, and everything in between. Updated from its original debut at PAINWeek 2019, this session will introduce new kids on the block (or the OTC aisle) and provide an overview of everything from "rapid release" oral formulations to topical products. Efficacy and safety considerations as well as pharmacokinetic information, dosing, and important administration instructions will be discussed. In addition, the place of various nonprescription analgesics in the management of common painful conditions according to new guidelines will be highlighted. By the end of this presentation, participants will be prepared to revisit the OTC analgesic aisle and provide patients with product selection guidance and counseling. This is your place for OTC pearls and perils!

#### PHM-06

##### **The Inheritance Conundrum:**

What to Do With Legacy Chronic Pain Patients

Jeffrey Bettinger

**Wed** ● 11:00a – 11:50a L3 ● Gracia 1

Over the past two decades, the United States has seen its gravest rise in overdose death rates, resulting in an uncontrolled epidemic. While overdose increases in the first decade of the 21st century mirrored rising opioid prescriptions, the second decade has shown even more steep inclines in overdose even though annual opioid prescriptions have plummeted. We have also seen dramatic turnover rates for various providers throughout the

medical field, particularly in primary care, in part driven by the COVID-19 pandemic. This has left large patient panels, which had been managed by a traditional style of care from older doctors, in the care of younger doctors with a different method of care. Learn how to best manage transferred legacy patients with complex pain on complicated medication regimens—particularly high dose opioids and/or benzodiazepines—so that their pain and other disease states are not only appropriately treated, but also to ensure that they are not abandoned. Increase your level of comfort in prescribing medications to avoid unnecessary and/or abrupt tapering.

#### PHM-07

##### **Hell's Kitchen:** How We Address DEA Red Flags

Mark Garofoli

**Wed** ● 1:40p – 2:30p L3 ● Gracia 1

Will I lose my license? No one enjoys cookie cutter answers—such as "It differs from patient to patient"—to difficult patient care scenarios. So how does one prescribe and dispense medications while adhering to the Controlled Substance Act with "corresponding responsibility" while concurrently accounting for reasonable patient variations? Join us for a dynamic discussion on how to provide patient care while staying within the parameters of law described by many, yet clarified in black and white, as the "DEA Red Flags."

#### PHM-08

##### **Scratching the Surface:**

A Review of Rx & OTC Topical Pain Medication

Mark Garofoli

**Wed** ● 3:40p – 4:30p L3 ● Gracia 1

Imagine being a patient walking through the OTC analgesic aisle in a pharmacy, past the 500 boxes of acetaminophen, to the hundreds of topical pain medication options. Imagine being a healthcare professional recommending topical pain medications without knowing that there's a dozen versions of the product. Scary? Concerning? Unsettling? Just how do we as healthcare professionals navigate the plethora of topical pain medication options? During this discussion, we'll clear the fog on which ingredients do what, and what ingredients are in what, along with explanations of how to explain respective administrations to patients. Who knows, maybe the next time you're in pain, you'll be able to figure out what you'll need, too!

#### PHM-09

##### **Alphabet Soup:** Updates on GABA Abuse and Legislation

Abigail Brooks Courtney Kominek

**Thurs** ● 7:30a – 8:20a L3 ● Gracia 1

With mounting pressure from an advocacy group calling on both the Drug Enforcement Administration and the Food and Drug Administration to make gabapentin a controlled substance, and this presentation will focus on the published literature on gabapentinoid abuse. Are gabapentinoids really as bad as they are portrayed or is it all just a bunch of alphabet soup? With 7 states declaring gabapentin a controlled substance, and even more requiring gabapentin reporting on prescription drug monitoring databases (PDMPs), the controversy surrounding gabapentinoids is likely one you'll want to know all the "GABA" about!



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**PHM-10**

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**The Two of Us:**

Opioids and Cannabinoids in Pain Management

Abigail Brooks Courtney Kominek

**Thurs** ● 2:40p – 3:30p L3 ● Gracia 1

Despite equivocal evidence regarding its safety and efficacy, cannabinoid use in pain patients is becoming more common and is associated with many sociopolitical issues. This presentation will explore the implications of cannabinoid and opioid use in pain including mental health, acute pain, cancer pain, and chronic nonmalignant pain.

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**PHM-11**

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**An Affair to Remember:** The Case of the Perplexing Patient

Michelle Krichbaum Neil Miransky

**Thurs** ● 4:40p – 5:30p L3 ● Gracia 1

Deceptive lab results. From dementia to MENSA. Boozing while cruising. The patient with pancreatitis unresponsive to fentanyl. When our usual clues lead us astray in patient care, how do we solve these confusing conundrums? This case based presentation will evaluate evidence and discover answers to some of the most puzzling of patients.

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**PHM-12**

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**Under the Volcano:**

Pain Management in Special Populations

Timothy Atkinson Thien Pham

**Fri** ● 7:30a – 8:20a L3 ● Gracia 1

Pain management can be challenging when selecting therapeutic drug regimens for patients such as the elderly and those with hepatic and renal impairment. Understanding how pharmacokinetics can be affected in these clinical situations is necessary to ensuring effective analgesia. Under the Volcano will review clinical implications with the individualized aspects of pain, drug metabolism, potential drug interactions, and preferential pharmacologic treatment options with the use of NSAIDs, adjuvant analgesics, and opioids for special patient populations. Attendees will learn to select, implement, and optimize an appropriate pharmacotherapeutic regimen for these sensitive patient groups while minimizing the risk for adverse effects.

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**PHM-13**

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**Secrets and Lies:** The Truth About Buprenorphine

Mark Garofoli

**Fri** ● 1:40p – 2:30p L3 ● Gracia 1

Buprenorphine is perhaps the most highly misunderstood medication of our time, or at least within the pain management and addiction pharmacological treatment options. Being utilized within the indications of pain management and opioid use disorder (opioid addiction) certainly propels it to the top of any polarized discussions. So how does one navigate through this pharma-sea of opinions? Join us for a dynamic discussion on the complicated simplicities of buprenorphine pharmacology including partial mu opioid agonism, mu opioid receptor affinity, half-life related dosage selections, CYP-450 metabolism and respective interactions, maximum dosage recommendations, morphine milligram equivalent calculations, and the infamous respiratory depression relative ceiling effects. Dispelling every

rumor, secret, or lie, one pharmacological principal at a time, this session will help you help your patients, every day.

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**PHM-14**

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**Hugs vs Drugs:**

Debating the 2022 CDC Opioid Prescribing Guidelines

Michelle Krichbaum Neil Miransky

**Fri** ● 3:40p – 4:30p L3 ● Gracia 1

The far-reaching consequences of the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain were numerous. The guideline affected patient equity and access, but also payers, regulatory standards, and, in effect, redefined the standard of care. In 2022, the CDC created a new draft of the guideline in recognition of previous shortcomings and unintended consequences. But has the guideline actually improved? In this presentation a pharmacist and a physician debate the new guideline and discuss future implications for patients and providers.

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**PHM-15**

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**Super-Tolerance!**

Managing Patients With Active Opioid Use Disorder

Tanya Uritsky

**Fri** ● 4:40p – 5:30p L3 ● Gracia 1

Patients with active opioid use disorder (OUD) commonly present for medical care when they have complications of the disease that are often infectious and painful. OUD is complex and multifaceted, and its pain management is very challenging, especially in the era of illicitly manufactured fentanyl and the presence of other substances, like xylazine. New approaches are emerging to manage acute severe pain in patients with OUD that require special understanding of the disease itself, the impact of societal norms and stigma, and changing drug supply. Explore considerations to help stabilize withdrawal and treat pain in patients with active OUD who present with acute care needs.

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**POS-01**

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**Scientific Poster Session and Reception\***

Joseph Pergolizzi Robert Raffa

**Thurs** ● 6:30p – 8:30p L4 ● Belmont Ballroom

\*Not certified for credit.

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**POS-02**

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**Poster/Podium Presentations\***

Joseph Pergolizzi Robert Raffa

**Fri** ● 7:30a – 8:20a L3 ● Gracia 3

This session highlights posters selected for oral presentation.

\*Not certified for credit.

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**PSD-01**

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**The Glass Bead Game:** Harm Reduction and Its Potential Impact on the Opioid Crisis

Sanjey Gupta

**Fri** ● 9:40a – 10:30a L4 ● Nolita 1

"Harm reduction" is defined by SAMHSA as "an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and

offer low-threshold options for accessing substance use disorder treatment and other healthcare services." Explore and explain this useful technique, and return to work knowing how to apply this knowledge to build programs within your EDs and hospitals.

#### PSD-02

##### **Purple Haze:** Mysticism & Science of Psychedelics

Eugene Vortsman

**Fri** ● 2:40p – 3:30p

L4 ● Nolita 1

Discover why psychedelic medicine is considered the "manifesto of the soul." Dive into the cultural, scientific, and political history of these mysterious substances to understand their role in culture, from indigenous natives to modern scholars. Explore the basic mechanism of how psychedelics work. History is being made by bringing psychedelic medicine to a mainstream audience. Join the "journey" to this new frontier.

#### PSD-03

##### **K Especial:** The Biopsychosocial Model of Personalizing Ketamine for Pain Management

Michelle Weiner

**Fri** ● 3:40p – 4:30p

L4 ● Nolita 1

As depression diagnoses skyrocket, the number of individuals living with chronic pain conditions is also growing, and pharmaceutical prescription rates are increasing. Opioid prescription rates doubled between 2002 and 2014. There is a critical need for more effective treatment options to better aid the increasing numbers of people who are suffering from both depressive disorders and chronic pain conditions. Ketamine, primarily known as the most widely used anesthetic in the world, has recently been established to effectively treat depressive and chronic pain disorders. K Especial will review medical indications for the use of ketamine including chronic pain and mental health conditions, and cover the biological and psychological mechanisms of ketamine, discuss dose discovery and routes of administration, and central sensitization, "set" and "setting." The importance of integration and psychedelic assisted psychotherapy will be reviewed.

#### PTH-01

##### **The Breath of Life:** Practical Tools for the Pain Clinician—Breath Work and Movement

Mai Huong Ho-Tran

**Fri** ● 7:30a – 8:20a

L4 ● Nolita 3

Breathe life into yourself, your patients, and your practice. This session will instruct the practitioner via first hand experiential knowledge of how breath work can be integrated along with mindful movement. When delivered through a psychologically informed lens, this process can effectively enhance the creation of safety for your patient's nervous system. Come ready to breathe, ready to move, ready to LIVE!

#### PTH-02

##### **Word Salad:** Contextual Factors and Their Effect on Therapeutic Outcomes

Kathryn Schopmeyer

**Fri** ● 9:40a – 10:30a

L4 ● Nolita 3

Pain is a complex, lived experience that is modulated by multiple

internal and external factors. This session will review research for pain neuroscience education, and explore the impact of beliefs, expectations, and language on clinical outcomes. Participants will learn how to "power up" placebo effects and minimize nocebo responses in patients who have pain.

#### PTH-03

##### **Bang the Drum Loudly:** Teaching Self-Management of Peripheral Musculoskeletal Nerve Sensitization

Kathryn Schopmeyer

**Fri** ● 11:00a – 11:50a

L4 ● Nolita 3

The single most effective pain reliever is self-efficacy, or the sense that one can manage and make changes independently. We'll focus on harnessing the power of self-efficacy through education and mobilization of peripheral musculoskeletal neural tissues. Learners will walk away with concrete teaching strategies to help their patients with upper limb neurogenic pain improve function and reduce pain related impairments.

#### SIS-01

##### **Look for Zebras Not Horses:**

Rare Disease and Pain Management

Melissa Geraghty

**Tues** ● 1:40p – 2:30p

L3 ● Gracia 3

This session will help participants to further develop their critical thinking skills and psychological flexibility when it comes to working with complex patient populations, with a focus on rare disease. A detailed rare disease case study will be presented and audience participation will be welcome.

#### SIS-02

##### **Chronic Postsurgical Pain:** Risk Assessment and Mitigation

Martin Cheadle

**Tues** ● 2:40p – 3:30p

L4 ● Nolita 1

Chronic pain remains a significant healthcare problem affecting approximately 30% of Americans and only continues to rise with an aging population. One of the most common and preventable forms of chronic pain is chronic postsurgical pain. Chronic postsurgical pain results in diminished function, lower overall quality of life, often long-term opioid therapy, and considerable economic burden, with recent data estimating approximately \$30,000 per year in adjusted indirect costs to the patient. Certain surgeries put patients at higher risk for developing chronic postsurgical pain, such as thoracotomy, mastectomy, abdominal and orthopedic surgeries, and total joint arthroplasties. Current literature on the identified risk factors for the development of chronic postsurgical pain and novel mitigation strategies will be discussed.

#### SIS-03

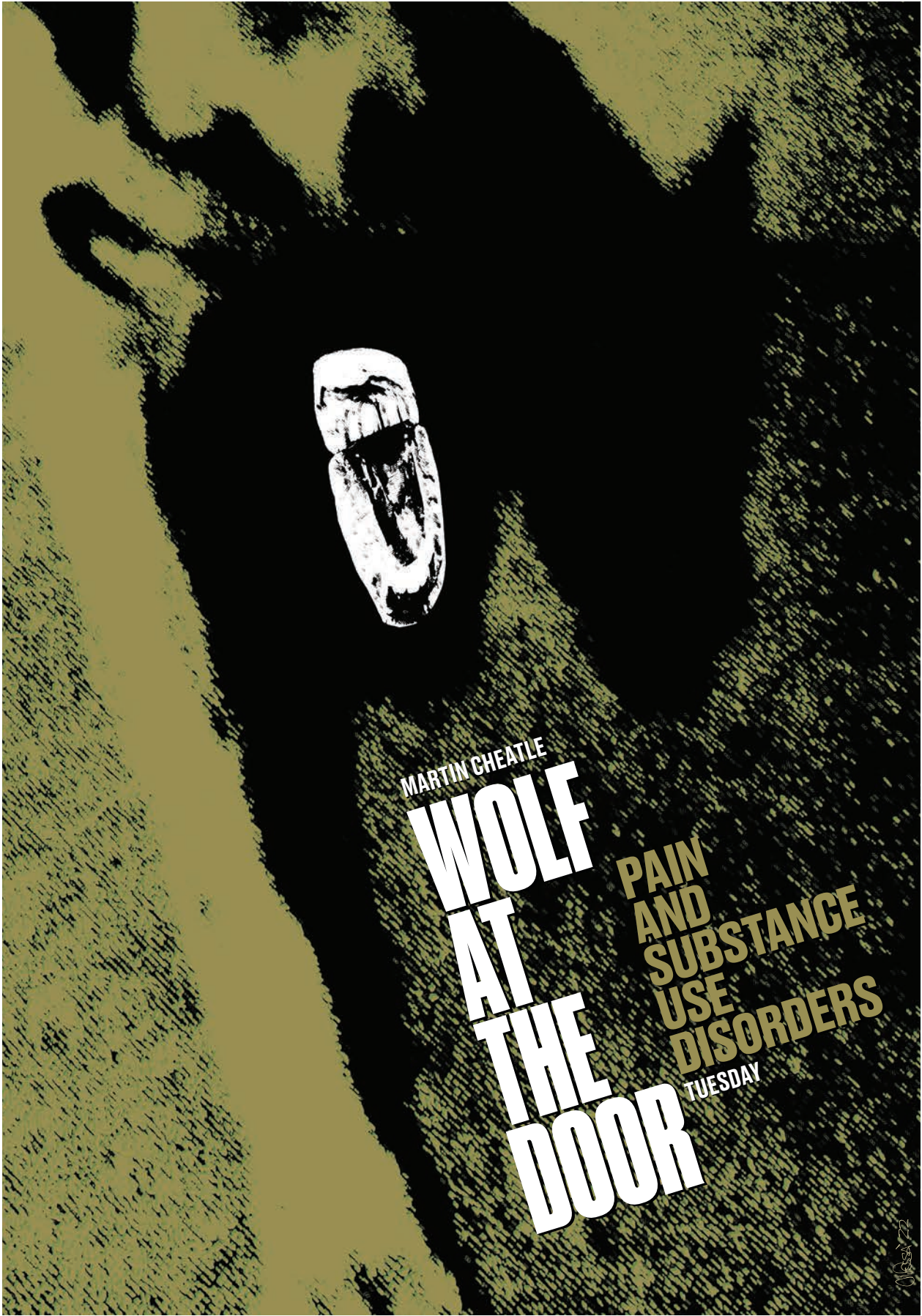
##### **Wolf at the Door:** Pain and Substance Use Disorders

Martin Cheadle

**Tues** ● 4:40p – 5:30p

L3 ● Gracia 1

There has been a great deal of scholarly activity devoted to the burgeoning rates of prescription opioid misuse, abuse, and related fatalities. Practice guidelines have been developed to influence opioid prescribing in the outpatient setting. Non-opioid perioperative protocols have been encouraged to reduce



MARTIN CHEATLE

# WOLF AT THE DOOR

PAIN  
AND  
SUBSTANCE  
USE  
DISORDERS  
TUESDAY

OLIVER ZEP



unnecessary exposure to opioids to potentially vulnerable patients. Approximately 8% to 10% of patients with chronic pain who are prescribed opioids go on to develop opioid use disorders. While this is not an inconsequential number of patients, the focus on opioids has overshadowed other substances of abuse that can be equally as harmful, impacting an individual's quality of life. An update on the current science and literature of opioid abuse and opioid use disorder in patients with chronic pain will be provided and the prevalence, risk assessment, and mitigation strategies of other often abused substances in this patient population, including alcohol, nicotine, and cannabis, will be discussed.

#### SIS-04

##### **Perioperative Pain Management in Opioid Use Disorder**

Hannah Cawoski Jillian DiClemente Nathan Menke

**Wed** ● 7:30a – 8:20a L4 ● Nolita 3

Patients with opioid use disorder or a history of opioid use disorder who undergo planned or emergent surgical procedures have difficult and often complex perioperative pain. During this course, two clinical pharmacist specialists in pain management and a board certified addiction medicine physician, who currently practice on addiction consult teams at large academic medical centers, will dive into the clinical considerations and evidence based therapeutic strategies for treating acute pain in patients with opioid use disorder. Perioperative planning and pharmacologic approaches will be described and discussed via a series of complex clinical patient cases. The considerations for treating acute pain in a patient taking a medication for opioid use disorder including methadone and buprenorphine-naloxone will be covered, in addition to factors to anticipate in the transitions of care planning in this vulnerable population. This course will help multidisciplinary team members recognize the importance of appropriately treating pain in patients with opioid use disorder and learn select pharmacologic and nonpharmacologic approaches to consider in the perioperative setting.

#### SIS-05

##### **Treating the Opiophilic Patient: Strategies for Enhancing Communication, Education, & Outcomes**

Michael Schatman

**Wed** ● 9:40a – 10:30a L3 ● Gracia 3

Largely due to draconian involuntary tapers for patients who are adherent with and stable on their regimens of opioids, many patients with chronic pain have become "opiophilic," believing and professing that opioids are the only effective treatment for chronic pain. Social media is rife with misinformation and disinformation regarding the alleged universal safety and efficacy of prescription opioids, as well as the alleged lack of safety and efficacy of any nonopioid treatments. This is unfortunate, in that myriad patients can be helped with alternative or adjunct treatments, both pharmacological and nonpharmacological. Communicating with and educating these patients can be challenging and frustrating for providers, who work in a climate of fear of the DEA, state medical boards, insurers, and the hospital corporations for which they work. These issues will be discussed, along with strategies for communicating and educating more effectively and honestly, which will serve

to improve the quality of care and outcomes for our patients and enhance our own professional satisfaction.

#### SIS-06

##### **The Big Muddy: Why Clinical Trials Fail**

R. Norman Harden

**Wed** ● 9:40a – 10:30a L3 ● Gracia 1

Clinical trials in pain research fail at an unexpectedly high rate. Of course, failure of the drug or intervention is an undesirable reason for this, yet responsive subsets can often be identified, suggesting the inclusion criteria is the problem. Outcomes in pain are by nature problematic, being purely subjective, but there are methods of objectification which are a partial remedy. The use of "old school" statistics makes trials huge, cumbersome, incredibly expensive, and make recruitment a significant issue in many endeavors. Industry, trying to cut corners, often skips Phase II—an opportunity to refine methodology, such as determining responsive vs unresponsive outcomes—which is a principal issue in trial failure. Research methodology hasn't changed much since the mid-90s, which results in not learning from, and correcting, mistakes, thus research design is at a standstill. Preclinical research unfortunately does not often translate well to clinical research. Failure to consider and perhaps exclude significant psychosocial issues causes many trials to fail. There are likely myriad reasons analgesic trials fail, and the major reasons will be discussed in detail in this talk.

**Note:** This course will be repeated. See ENC-01.

#### SIS-07

##### **Eye of the Storm: The Debate on Opioid Public Policy**

Timothy Atkinson Jeffrey Bettinger Jessica Geiger

**Wed** ● 2:40p – 3:30p L3 ● Gracia 3

The opioid crisis has changed, or has it? Are we only now seeing the full picture of what it has been all along? The public health concerns remain valid, but with more providers refusing to prescribe opioids and patients choosing suicide over pain, has the pendulum swung too far? There are numerous positives to highlight progress in reducing opioid prescriptions and manufacturing, however, the focus appears to remain on prescription opioids despite obvious signs that Rx opioids are not driving the current crisis. The last few years of opioid public policy have been enlightening particularly with evidence released, casualties of strict enforcement of guidelines, and sensationalized outcomes. Join us for one of the hottest debate topics: the audience and participants will be fully invested!

#### SIS-08

##### **Ten Action Items to Combat Peer to Peer and Institutional Racial Bias in Medicine**

Paul Mathew

**Wed** ● 3:40p – 4:30p L4 ● Nolita 3

Systemic racial bias against physicians of color, particularly African American physicians, is omnipresent. This bias manifests in interactions with peers, hospital leadership, academic institutions, professional societies, and the pharmaceutical/device industry. For change to occur, policies regarding diversity, equity, inclusion, anti-racism, and social justice need to be



implemented. Given the recent national and international reckoning that systemic racism permeates the entire healthcare system, this session will provide action steps to help reduce peer to peer racial bias in medicine.

SIS-09

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**The Peter Panification of Chronic Pain and Search for Identity**

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Patricia Tsui

**Thurs** ● 7:30a – 8:20a L4 ● Nolita 3

The experience of developing chronic pain is often significant, and there is a wide range of responses associated with the process of acceptance and adaptation. Feelings of helplessness, a reduced sense of control in the face of pain, grief, and adjustment to shifting social roles can all be part of the chronic pain experience, and ways of coping with life changes which occur with chronic pain are wide ranging. At times, in the face of chronic and acute pain, individuals may revert to a younger state of mind than their actual biological age, as a way of coping with anxiety, fear, and emotional distress. This presentation will include a discussion of possible explanations for why people regress, which may include psychological trauma intertwined with physical injury, anxiety, neurological conditions, and altered mental states. Additionally, understanding psychological concepts such as locus of control, role of a powerful other, attachment, and self-efficacy could be helpful. Finally, interventions such as mindfulness based therapies, acceptance and commitment therapy, hypnotherapy, and insight-oriented therapies will be discussed as approaches that may assist chronic pain sufferers in finding a new personal identity and living a meaningful life in the face of pain.

SIS-10

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**No Time Like the Past!**

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The Imprecision of the Postoperative Pain Score

Michael Bottros

**Thurs** ● 9:40a – 10:30a L4 ● Nolita 3

Progress in postoperative pain management depends on the quality of its assessment. Current pain measurements, such as the numerical rating score or visual analog score, oversimplify imprecise characterizations of meaningful recovery and ignore the self-limiting nature of acute pain. This approach does not reveal the pain resolution rate or pain duration. However, defining pain as a trajectory rather than a simple point increases information and improves precision. This course will review the evidence showing the value of using postoperative pain trajectories as a means of predicting postoperative readmissions, emergency department visits, chronic postsurgical pain, and return to work.

SIS-11

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**Telehealth for Pain Providers:**

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Necessary Attributes for a Successful Clinical Practice

Charles Argoff Jeffrey Bettinger

**Thurs** ● 11:00a – 11:50a L3 ● Gracia 3

Despite the advances in technology seen over the past 2 decades, the US healthcare system witnessed only minimal, if steady, advances in the use of telehealth services. This changed dramatically throughout the past 2 years, primarily driven by

the COVID-19 pandemic, which allowed for an exponential explosion of telehealth adoption rates and physician/patient acceptance. Specifically, the number of telehealth visits rose 63-fold from 840,000 visits in 2019 to 52.7 million visits in 2020, per the Centers for Medicare and Medicaid Services (CMS). Most importantly, CMS paid “freely” for telehealth current procedural terminology codes due to COVID, and has since announced its intention to make existing telehealth payment codes permanent and to even expand payment options. This has created problems for clinicians in terms of choosing from the telehealth platforms available, and engaging in such services with little to no regulatory protocols in place to guide use. This session will discuss the attributes of telehealth platforms that pain medicine and addiction treatment practices should seek when searching for a platform, as well as attributes to avoid. The course will also show how platforms with the ideal structure and technology attributes can increase care plan adherence and medication compliance, provide liability protection, improve physician/patient communication, and capture a billable benefit for medically necessary services that have traditionally been an expense to the practice.

SIS-12

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**The Scarlet Letter: Stigma and Patient Outcomes**

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Kevin Zacharoff

**Thurs** ● 11:00a – 11:50a L4 ● Nolita 3

Patients with pain face challenges that involve much more than just pain and its consequences. One might think that the attention devoted to pain management over the past 20+ years would have mitigated stigmatization of this patient population and clinicians who treat it, but that is not the case. This session will define common stigmas that patients with chronic pain experience, and which clinicians helping patients manage their pain often face. Attention will be paid to detailing how interpersonal, societal, and structural stigmas can lead to exacerbating the burdens pain patients carry, along with resulting marginalization which can have a significant negative impact not only on overall quality of life, but also on pain treatment outcomes. The session will cover the impact that regulatory initiatives created to mitigate the overdose crisis in the US and other countries have had with respect to invalidating pain and endorsing stereotypes of people with pain and clinicians who care for them.

SIS-13

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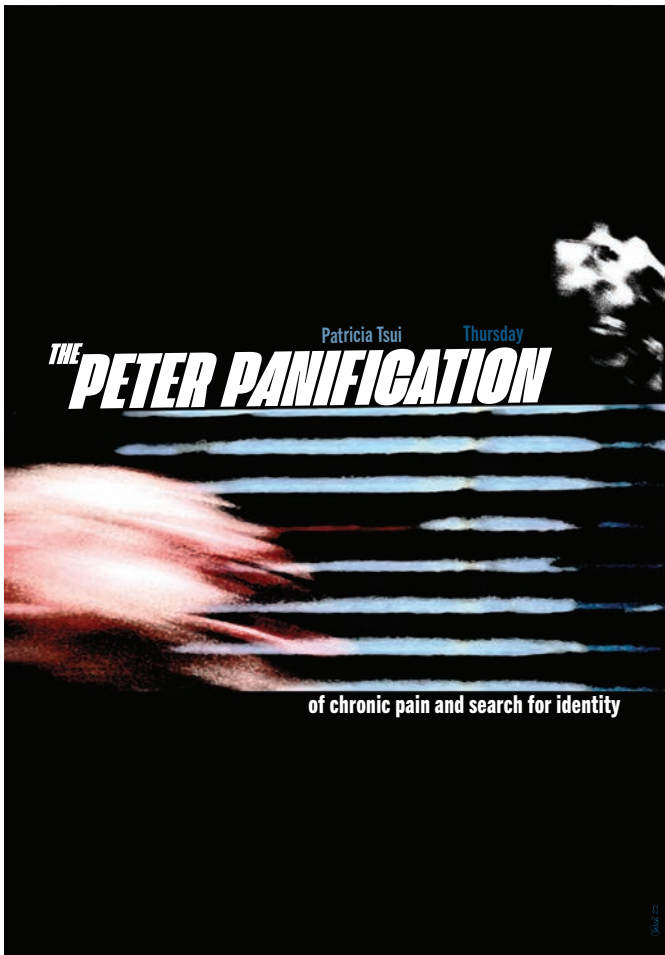
**Duck Soup: Multidisciplinary Pain Management in 2022**

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Charles Argoff Jeffrey Bettinger Theresa Mallick-Searle

**Thurs** ● 1:40p – 2:30p Level 4 ● Mont-Royal Ballroom

Out with the old and in with the new. As healthcare changes, so does the way that healthcare professionals interact and collaborate. Never has this been truer in the model of multidisciplinary/multimodal pain management. In an effort to treat patients from a biopsychosocial-spiritual model of care, it really takes a village. This timely lecture will focus on the importance of managing pain with a team based approach, through the review of complex case studies on common, otherwise challenging to manage pain scenarios. Focus will be placed on educating the audience about pain physiology, pharmacology, interventional





MICHAEL SCHATMAN

TREATING

THE **OPIOPHILIC** PATIENT



STRATEGIES FOR ENHANCING COMMUNICATION,  
EDUCATION, AND OUTCOMES  
**WEDNESDAY**

fosca 24

management, and complementary treatment modalities. Cases will be evaluated from multidisciplinary perspective.

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#### SIS-14

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##### **Cyborgs Among Us: Will We All Be Bionic?**

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Johnathan Goree

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**Thurs** ● 2:40p – 3:30p L4 ● Nolita 1

Neuromodulation—the application of targeted electrical, chemical, and biological technologies to the nervous system—has been used for chronic pain for over 40 years. In the past few years, the field has exploded. Electricity has truly become medicine, with a combination of new wave forms with higher efficacy, closed loop technology that adjusts to patient position and physiology, restorative stimulation that can rebuilt vital core muscles, and targeted stimulation for focal pain diseases. This course will discuss all new technology in the space and pose the question, “We will all one day be bionic?”

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#### SIS-15

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##### **The Ink Is Black, The Page Is White: How Racism, Stereotyping, and Social Status Impact Pain Management**

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Kevin Zacharoff

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**Thurs** ● 4:40p – 5:30p L3 ● Gracia 3

Controversy exists about whether or not significant progress has taken place with respect to pain and its management. Unfortunately, few would deny that racial bias persists in pain assessment and treatment. In some cases, this is the result of false beliefs about differences between white people and people of color, but in many other cases, discrimination may be rooted in stereotyping and prejudice. This session will focus on the intersection of racism, stereotyping, and another important factor that may contribute to inequitable, unethical, and unbalanced delivery of pain care: social determinants of health. Specific detail will be paid to recent research and publications identifying persistent and concerning discrepancies based on these and related factors, not only in the adult patient population, but also in the delivery of pediatric pain care. Sickle cell disease related pain and common barriers to its effective treatment will be discussed in depth. Recommendations from the American Medical Association and the US Department of Health and Human Services, among others, will be discussed, with the intention of providing concrete steps that can be collectively taken to address these and related issues in pain management.

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#### SIS-16

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##### **Awkward Conversations:**

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Managing Patients With Chronic Pain

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Paul Mathew

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**Thurs** ● 4:40p – 5:30p L4 ● Nolita 1

The management of chronic pain can be challenging given the complex psychosocial issues that are often present in this patient population. Interactions can be further complicated when patient and physician expectations and goals are not in alignment. As such, navigating conversations with patients with chronic pain can be difficult. This course will review essential elements that should be incorporated into any dialogue with patients with chronic pain. There will be simulated patient scenarios with role playing and heavy audience participation.

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#### SIS-17

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##### **Microinduction to Buprenorphine from Methadone for Chronic Pain: Outpatient Protocol With Case Examples**

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Marcelina Jasmine Silva

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**Thurs** ● 5:40p – 6:30p L4 ● Nolita 3

The negative sequelae of full mu agonist chronic opioid analgesic therapy (COAT) are numerous and well documented. One safer alternative to COAT use in chronic, noncancer pain is a transition to buprenorphine. However, transitioning patients from methadone COAT regimens to buprenorphine can be challenging due to the pharmacodynamics of both agents, and to the limited commercial formulations of buprenorphine available and their restrictive instructions for use. Presented here are background, rationale, and clinical case examples of patients transitioned to buprenorphine from methadone via a novel microinduction protocol during enrollment in an outpatient program.

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#### SIS-18

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##### **Touch or Technology: How Physical Are Physical Exams?**

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Charles Argoff Ramon Cuevas-Trisan David Glick

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**Fri** ● 9:40a – 10:30a L3 ● Gracia 1

The adoption of technology in healthcare is often considered an advance. However, such advances, when inappropriately utilized, may lead to worse patient outcomes. Technology can range from the development of imaging studies such as MRIs, to new diagnostic tests, remote monitoring, and even the implementation of telemedicine. This course will leverage the knowledge and skills of 3 seasoned providers with different backgrounds to provide case relevant examples of how to leverage “technology”—as part of but not replacing “touch”—in the clinical evaluation and decision-making process. The speakers plan to highlight clinical pearls to help implement adoption of technology to enhance clinical assessment and treatment, and call attention to potential pitfalls when attempting to solely rely upon technology.

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#### SIS-19

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##### **The Groundhog Day Phenomenon Reloaded**

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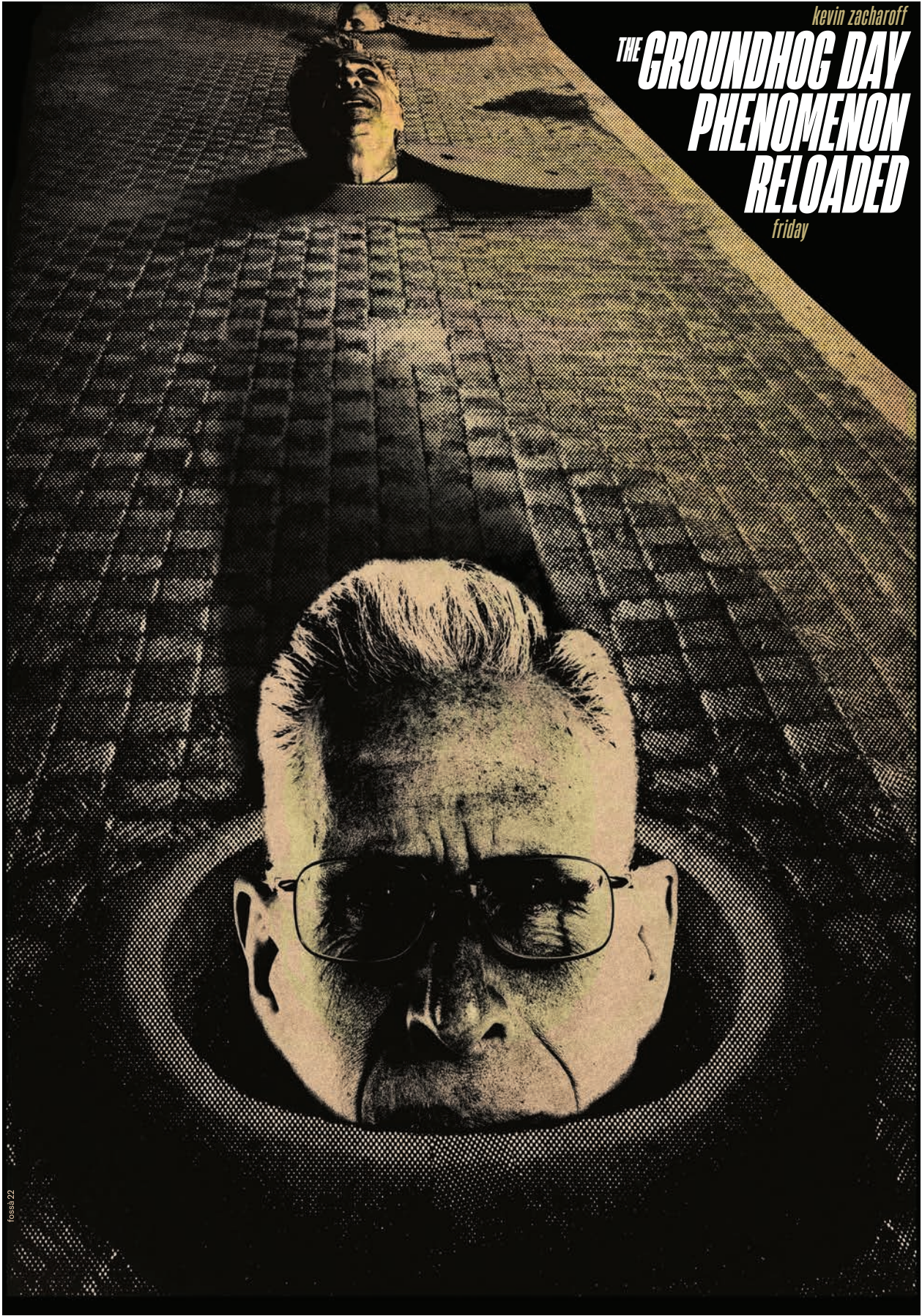
Kevin Zacharoff

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**Fri** ● 11:00a – 11:50a L4 ● Nolita 1

The Groundhog Day Phenomenon was the title of a presentation at the 2015 PAINWeek National Conference. For better or worse, it is time to do it again. This session will update discussions, debates, and research with respect to the appropriate assessment, treatment, and follow-up of patients with chronic pain, with a particular focus on the ever-changing role of opioid analgesics in a pain treatment plan. The presentation will again review those subjects from a historical and real-time perspective, examining how discussions and clinical actions have fallen into a circular, nonproductive, and repetitive pattern. Additionally, attention will be paid to educational deficits and their impact on policies and procedures that significantly affect people with pain in a negative way. Older topics and controversies will be reviewed, and new areas will be explored to provide attendees with ideas and approaches to potentially break the recurring cycle and move compassionate, safe, and effective pain care to the “next” level without reinventing the wheel.





*kevin zacharoff*  
**THE GROUNDHOG DAY  
PHENOMENON  
RELOADED**  
*friday*

fos322



SIS-20

**Old Friends With New Faces:** Practical Use of 2nd & 3rd Line Anticonvulsants for Neuropathic Pain Conditions

Charles Argoff Timothy Atkinson

**Fri** 11:00a – 11:50a

L3 ● Gracia 1

There are numerous pharmacotherapeutic options to treat neuropathic pain. If first line medications fail, however, providers often feel uncomfortable with these options and hesitate to offer them to patients who might benefit. This session will review many second and third line agents and highlight where the evidence exists, dosing targets, titration schedules, drug interactions, and adverse effects. Learners will benefit from discussion, examples, and reference materials to incorporate into their practice to use every day.

SIS-21

**I Walk the Line:**

The Fine Balance of Geriatric Pain Management

Michael Bottros

**Fri** 1:40p – 2:30p

L4 ● Nolita 1

Pain management in the elderly can be quite complex, balancing the risks associated with cognitive deficits, functional capacity, disability, and organ dysfunction against therapeutic agents. The most common method of pain control in this population is pharmacotherapy. This patient population, however, is subject to the complex interactions and risks associated with polypharmacy. Recent advancements in interventional approaches have allowed them to be increasingly recognized as an important part of multimodal pain management. This session will explore unique and emerging interventional strategies for some of the most common pain complaints in the elderly.

SIS-22

**Ring of Fire:** COVID and the Opioid Epidemic. Part II

Johnathan Goree

**Fri** 2:40p – 3:30p

L3 ● Gracia 3

Since 1999, the opioid epidemic has been US public health crisis #1. In 2020, that changed. While the focus on COVID-19 was warranted, many argue that we have taken multiple steps backward in our battle against the overuse and abuse of opioids. During PAINWeek last year, this course presented the multiple new challenges that pain practitioners face due to the COVID-19 epidemic. This year, as we are moving into the endemic stage, discussed will be whether we should transition our priorities back to opioids, what are the effects of COVID-19 on mental health, and the challenges that long COVID may present in the future.

SIS-23

**Measuring Recovery Outcomes After a Fall Injury:**

Pragmatic Approach from Psychiatry Perspective

Armando Salonga Miciano, Jr

**Fri** 4:40p – 5:30p

L4 ● Nolita 3

This course will present participants with a conceptual framework and a practical patient-centered care approach for measuring outcomes of care in busy outpatient practices. The measurement system is based on the cardinal constructs of the core set of outcome measures recommended for the evaluation of patients with musculoskeletal conditions such as after

a fall injury—such as pain quality, functional status changes, life quality/satisfaction, generic health status, and work disability. Examples of the measurement instruments to be discussed include: 1) Patient-Reported Outcome Measures (PRO) such as the Self-Administered Co-Morbidity Questionnaire, Pain Disability Questionnaire, and the Patient Reported Outcome Measurement Information System (PROMIS) from the National Institutes of Health (NIH) toolbox; and, 2) performance-based assessments (PBA) such as the Stopping Elderly Accidents, Deaths and Injuries (STEADI) initiative, 6-Minute Walk Test, and Short Physical Performance Battery.

SYM-01

**Pain Management & Opioid Prescribing:**

Protect Patients & Improve Outcomes\*

Christopher G. Gharibo Lynn R. Webster

**Wed** 12:30p – 1:30p

Level 3 ● Brera Ballroom

This activity is jointly provided by Center for Independent Healthcare Education and PharmaCom Group, Inc.

*Supported by an educational grant from Collegium Pharmaceutical, Inc.*

Opioid analgesics are an important part of our therapeutic armamentarium, but can have serious adverse consequences. Behind the headline-making opioid crisis, lies the second and more silent public health crisis of untreated chronic pain and patient suffering, as many clinicians have difficulty providing adequate care. However, all opioids are not the same, and they vary in their potential for respiratory depression (the major cause of opioid overdose death) and abuse. For example, unlike conventional opioids that rely on mu-opioid receptor agonism for analgesia, the atypical opioid buprenorphine has additional mechanisms that increase the separation between desired therapeutic effects and unwanted adverse effects. Another example is abuse-deterrent opioid formulations, which are designed to reduce opioid misuse, but do not all offer the same level of manipulation resistance to help protect patients and others who may gain access to their medications. The faculty will critically review differences between opioids, to assist clinicians in making benefit-risk assessments when selecting appropriate opioids to prescribe for patients with chronic pain, when needed.

### Learning Objectives

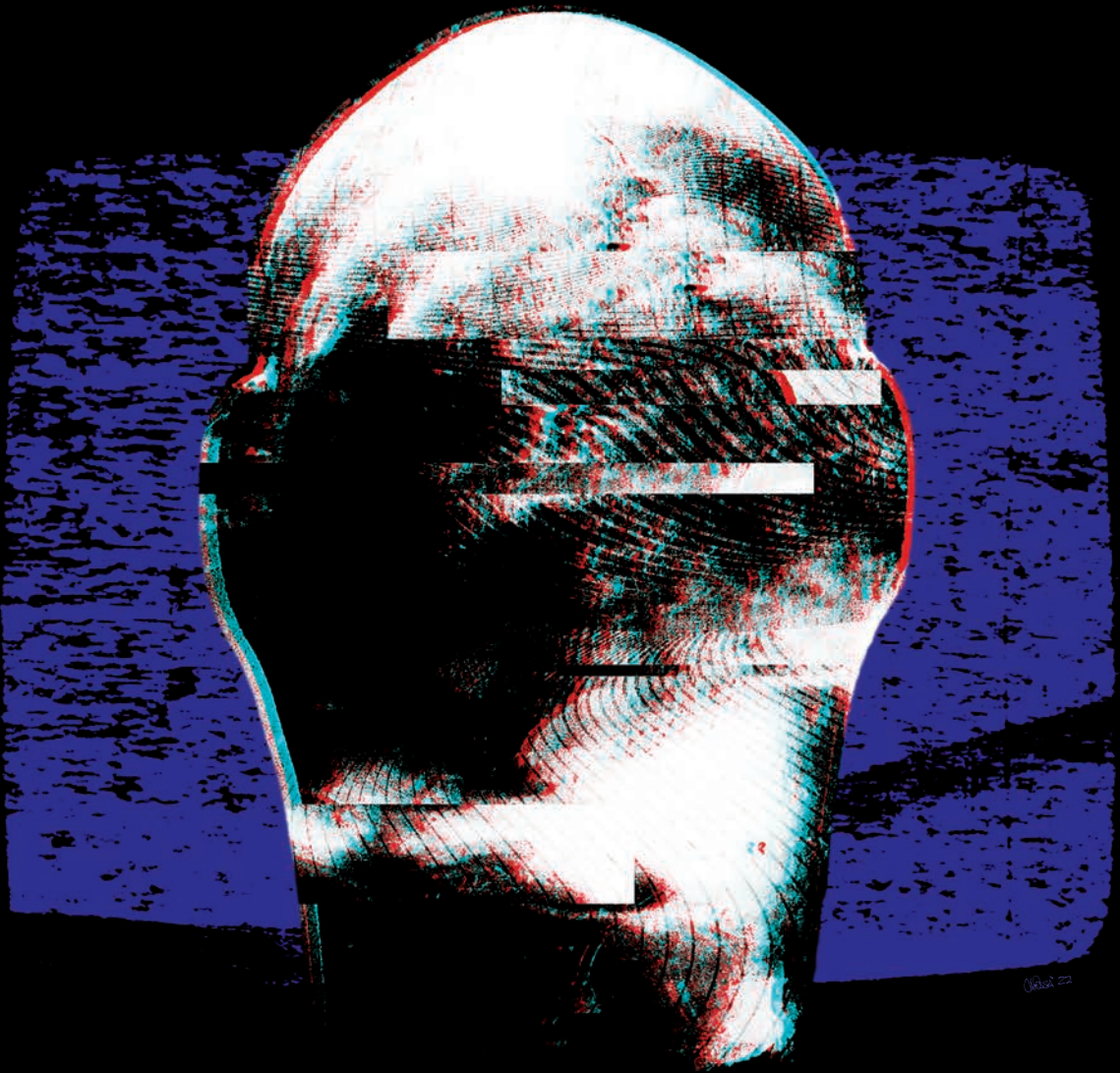
After completing this activity, participants should be better able to:

- Describe the pharmacologic and safety advantages of buprenorphine—a schedule III, atypical opioid—over conventional schedule II opioid analgesics.
- Differentiate between the abuse-deterrent properties, clinical impact, abuse/diversion outcomes, and economic outcomes of the abuse-deterrent formulations of opioid analgesics currently available for chronic pain.
- Apply a strategy to make a benefit-risk assessment to select and initiate appropriate opioids for chronic pain that have safety advantages over traditional opioids and formulations.

\*Limited seating

michael bottros    friday    the fine balance of geriatric pain management

I WALK THE LINE



charles argoff  
jeffrey bettinger  
damon cox

# T'EL:E:H'E:AL'T'H'I

for pain providers

necessary attributes for a successful clinical practice

thursday





# TOUCH<sup>OR</sup> TECH- NOL- OGY

Charles Argoff  
Ramon Cuevas-Trisan  
David Glick

How physical are physical exams?

Friday



michelle krichbaum  
 neil miransky  
**an affair to remember**  
 the case of the perplexing patient  
 thursday

michelle krichbaum  
 neil miransky  
**HUGS VS DRUGS**  
 debating the 2022 CDC opioid prescribing guidelines  
 friday

KEVIN DOUGHERTY  
**THE INK IS BLACK, THE PAGE IS WHITE**  
 HOW RACISM, STEREOTYPING, AND SOCIAL STATUS IMPACT PAIN MANAGEMENT  
 THURSDAY

Johnathan Corce  
**RING OF FIRE**  
 COVID and the opioid epidemic  
 Part 2  
 Friday

mark garofoli  
 wednesday 9/7  
**SCRATCHING the surface**  
 a review of RX & OTC topical pain medication

MICHAEL ROTROS  
**THE LOWDOWN**  
 RETHINKING THE ROLE OF INTERVENTIONAL PAIN MANAGEMENT  
 THURSDAY

Tanya Britsky  
**SUPER-TOLERANCE!**  
 Managing Patients With Active Opioid Use Disorder  
 Friday

JENNIFER BOLEN  
**THE PLOT THICKENS**  
 THE IMPACT OF OPIOID LITIGATION ON MAIN STREET PRACTITIONERS  
 THURSDAY

Jennifer Robinson  
 Friday  
 Rebecca Pham  
**UNDER THE VOLCANO**  
 PAIN MANAGEMENT IN SPECIAL POPULATIONS



# EXHIBITORS





# WEDNESDAY

5:30p – 7:30p  
Welcome Reception

# THURSDAY

10:30a – 12:30p  
3:30p – 5:30p

- Experience Zone 1:30p – 3:30p
- Scientific Poster Session Reception

- Exhibit Hall 6:30p – 8:30p

Raffle  
10:40a & 3:40p

# FRIDAY

Closing Reception  
10:30a – 12:30p

Raffle  
10:40a

# EXHIBIT HALL

**Please note:** There are concurrent educational sessions taking place while the Exhibit Hall is open. Exhibit Hall hours are subject to change.

Floorplan and listings are accurate as of printing. Please refer to [pain.sh/painweek2022](http://pain.sh/painweek2022) or the PAINWeek App for most up-to-date information.

409	electroCare	411	413	Nu-Scripts	415	417	419	421	423
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407	Pye's CBD
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403	405
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Clarius	414	416	418	420
Millennium Health	315	317	319	321
CompGroup Medical				

Fern	Lilly	410
Averitas Pharma, Inc. Medical Affairs	Coretech	311
309	311	

H-Wave	307
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RelieVR	305
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Johnson & Johnson Consumer Inc.	303
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abbvie	301
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Digital Health	701	703	707
United Team Brain Group	600	602	604
klara			

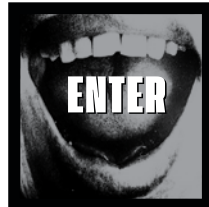
Summus Medical Laser	320
1st Providers Choice	316
Überlube	217
CoxHealth	219
patchrx	221

Stage
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AveritasPharma	207
----------------	-----

electromedical technologies, inc.	205
MicroLight Corporation of America	209

Salix PHARMACEUTICALS	203
-----------------------	-----



Hilma Specialty USA Inc.	216	218
Impel	214	216
Neurococh	115	117
MedoScript		119

PainScript	212	113
Medeia	210	111
Neuro	208	109
NeuroStar		111
Modernizing Medicine		111
TCC		113

Vertos MEDICAL	206
IBSA Pharma Inc	107

8 Regenerative	105
----------------	-----

Novartis	202
Lola Scop	103
ZERO GRAVITY	100

Collegium. PHARMACEUTICAL	101
---------------------------	-----

114	116	118	120
-----	-----	-----	-----

VO Oncare	106
Diamond Headache Clinic	108
110	112

Ethos	104
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Upside Health, Inc.	102
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# ANNEX

T4	PainPod
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BrainCheck	T8	T7	T10	OCCS
AEC	T9	T11	T12	
ACDA	T5	T11	T12	
U.S. Pain Foundation				

T17	CHE
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T13	IPM
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**316 1st Providers Choice - Pain Medicine EMR**

[1stproviderschoice.com](http://1stproviderschoice.com)

IMS for Pain Management is a user-friendly, Fully Certified EMR and Practice Management Software System designed for Pain Management Providers. Pain Management doctors across the country have helped us to design the procedure templates to save you time while documenting the encounters with your patients. We have also focused on customizing the software for maximum efficiency and profitability in your Practice.

**301 AbbVie**

[www.abbvie.com](http://www.abbvie.com)

Bolstered by the Allergan neuroscience legacy, AbbVie is a committed leader in migraine with an almost 25-year history in migraine research. Our current migraine treatments demonstrate our dedication to addressing the unmet needs of migraine patients – and we continue to strive for science that makes a difference.

**T9 Advanced Education Certification Series**

[pain.sh/Certifications](http://pain.sh/Certifications)

While competency is important in all sectors of healthcare, it is most critical with respect to pain management. PAINWeek has introduced the Advanced Education Certification in Opioids, Cannabinoids, and Palliative Care. Now, more than ever, we remain steadfast in our belief that “education is the best analgesic.” Via the AEC, practitioners can access modules, quizzes, a panel discussion, and a final exam. Stop by our table for more information on the PAINWeek Advanced Certification Series.

**T5 American Chronic Pain Association**

[theacpa.org](http://theacpa.org)

The American Chronic Pain Association (ACPA) is a non-profit, 501(c) (3) organization. Our Mission is to facilitate peer support, education, and hope for individuals living with pain conditions. We strive to raise awareness among the health care community, policymakers, and the public at large about issues of living with physical and emotional pain. Our vision is to motivate those with pain conditions to seek quality care, to optimize health-care office visits, and to prevent chronic disease. Our goal is to provide those with pain conditions the resources needed to make educated, shared decisions with their healthcare provider.

**305 AppliedVR**

[www.appliedvr.io](http://www.appliedvr.io)

AppliedVR is pioneering evidence-based, immersive VRx—a new category of immersive therapeutics—including its product RelieVRx, the first comprehensive, immersive adjunctive VR treatment for chronic lower back pain to ever be FDA-authorized for marketing. AppliedVR's mission is to reimagine medicine with a new reality of accessible immersive therapeutics with the ultimate goal of a virtual reality pharmacy in every home.

**207 Averitas Pharma, Inc.**

[www.averitaspharma.com](http://www.averitaspharma.com)

Averitas Pharma, a leader in the US for holistic pain management, was formed in 2018 as the US commercial subsidiary of The Grünenthal Group, a global leader in research and development of therapeutics for pain, gout, and inflammation.

The first innovation from Averitas Pharma in the US is QUTENZA® (capsaicin) 8% topical system, a result of acquisitions in 2016 and 2018. These acquisitions gave Grünenthal

global commercial rights to QUTENZA and provide Averitas with its first FDA-approved product for distribution.

Discover The QUTENZA Difference by meeting with our team in the Exhibit Hall.

M-QZA-US-02-22-0010

February 2022

**309 Averitas Pharma, Inc. Medical Affairs**

[www.averitaspharma.com](http://www.averitaspharma.com)

Averitas Pharma, a leader in the US for holistic pain management, was formed in 2018 as the US commercial subsidiary of The Grünenthal Group, a global leader in research and development of therapeutics for pain, gout, and inflammation.

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M-QZA-US-02-22-0010

February 2022

**T8 BrainCheck**

[braincheck.com](http://braincheck.com)

BrainCheck brings digital neuropsychological testing to the point of care and is the only cognitive health platform designed for everyday clinical use. BrainCheck includes tools for screening and early detection, cognitive assessment, clinical decision support, and cognitive care planning and management.

**414 Clarius Mobile Health**

[www.clarius.com](http://www.clarius.com)

Come meet the world's only 3rd generation portable ultrasound at booth #414. Now 30% smaller and lighter, Clarius HD3 delivers best-in-class portable ultrasound scanners for Pain Management, with an easy-to-use app for iOS and Android that's powered by artificial intelligence and connected to the cloud. Clarius HD3 delivers sharp and clear imaging to easily identify anatomy, confidently diagnose pathology, and guide procedures in real-time at the bedside. Manage your exams anywhere and improve patient outcomes with clear, real-time imaging that is easy to use, affordable, and ultra-portable.

**101 Collegium Pharmaceutical, Inc.**


[www.collegiumpharma.com](http://www.collegiumpharma.com)

For the past two decades, Collegium Pharmaceutical has been focused on developing and commercializing new medicines for pain management. Today, our mission is to build a leading, diversified specialty pharmaceutical company that reflects our Core Values and our commitment to improving the lives of people living with serious medical conditions. Through internal product development and the acquisitions of the Nucynta franchise in 2020 and BioDelivery Sciences International (BDSI) in 2022, we have broadened our portfolio of products to include meaningfully differentiated medications.

**321 CompuGroup Medical**

[www.cgm.com/usa\\_en](http://www.cgm.com/usa_en)

With customers in 56 countries and more than 1.6 million professionals using its software, CompuGroup Medical is



# The toughest challenges. The most advanced science.

We fight the toughest health challenges with advanced science, putting our passion to work where the need is greatest. Because our purpose as a global biopharmaceutical company is to make a remarkable impact on people's lives.

It takes all of us to turn possibilities into medicine that reaches millions. So we partner with governments, academic institutions, scientific and advocacy groups to make it happen. Together, we're inventing the future of medicine.

Learn more at  
**Booth 301**  
or [abbvie.com](http://abbvie.com)

abbvie

People. Passion.  
Possibilities.®



one of the leading eHealth companies in the world. During PAINWeek, we will be showcasing CGM APRIMA, our award-winning EHR platform that simplifies a practice's workflow with adaptive learning, intelligent navigation, and the option for a fully integrated Practice Management system.

**311 Coretech**

[www.coretechortho.com](http://www.coretechortho.com)

CoreTech is a US-based manufacturer of Orthopedic Bracing offering a range of products for every extremity specializing in the Spine, Knee, Foot & Ankle, and Hand & Wrist. Purchasing from CoreTech gives you access to factory direct pricing and fast shipping.

CoreTech products have Medicare-approved Billing code(s) and PDAC letters. Combining the most up-to-date technology in the Orthopedic Bracing market along with incredibly competitive pricing allows clinicians to offer top-quality braces while maximizing profit margins. Every product is designed and tested to deliver optimal comfort and support resulting in a higher rate of patient compliance and quicker recovery times.

**219 CoxHealth**

[www.coxhealth.com](http://www.coxhealth.com)

CoxHealth Branson MO is seeking a fellowship trained Pain physician (PMR) or Neurology to work in the Pain Center in beautiful Branson MO. CoxHealth Branson Pain & Neurology is seeking a board certified/board eligible, pain fellowship-trained physician that can do both interventional pain management and medication management. Procedures include spinal cord stimulator trials, blocks, injections, etc. Would prefer PMR-trained but would also consider neurology. Fellowship required. Visit Booth 219 or call Paula Johnson at 417-880-7727.

**Benefits include:**

- Competitive compensation
- Comprehensive benefits package
- Sign-on bonus and relocation allowance
- CME allowance

**108 Diamond Headache Clinic Research and Educational Foundation**

[dhc-fdn.org](http://dhc-fdn.org)

The Diamond Headache Clinic Research & Educational Foundation (DHCREF) was founded in 1987 with a mission to promote headache education to physicians and allied health professionals.

Annually, for over 3 decades, DHCREF along with the Diamond Headache Inpatient Unit at Amita Health St. Joseph Hospital Chicago has jointly sponsored online headache education initiatives, two multi-day courses, as well as a one-day seminar.

**701 Digital 360 Health**

[digital360health.com](http://digital360health.com)

Digital 360 Health is a comprehensive HIPAA compliant, cloud-based pain management platform that links to an iOS/Android patient app.

Remotely monitor your patients and receive alerts to changes in pain, functional, and behavioral state. Automatically monitor post-procedure status and medication changes for efficacy and complications.

Directly through the app, patients can communicate

with the practice in real-time, respond to surveys, renew medications, and receive educational materials specific to their condition.

Digital 360 Health increases practice revenue by fulfilling the requirements to bill out for the latest digital messaging and psychological screening and testing CPT codes.

**411 electroCore, Inc.**

[www.gammacore.com](http://www.gammacore.com)

gammaCore™ (nVNS) is the first FDA-cleared non-invasive, handheld device to treat and prevent migraine and cluster headache. gammaCore is self-administered by patients without the potential side effects associated with commonly prescribed drugs. When placed on a patient's neck over the vagus nerve, gammaCore stimulates the nerve's afferent fibers. FDA label expansion now includes adolescent migraine, hemiparesis, and paroxysmal hemicrania. You can provide gammaCore as physician dispense with NEW gConcierge. Our patient training and support will maximize treatment outcomes. Stop by the Exhibit #411 to learn more. Please see ISI at [gammacore.com](http://gammacore.com).

**205 electromedical technologies, inc.**

[www.electromedtech.com](http://www.electromedtech.com)

Introducing WellnessPro+® Experience a breakthrough in pain relief with WellnessPro+®, a safe and effective bio-electrotherapy system that delivers microcurrents to relieve, chronic, intractable post-surgical or post traumatic acute pain. Simple and fast-acting A 10 to 30-minute-session results in pain relief that can last for days or weeks. Unlike pharmaceutical drugs that affect the entire body, electrotherapy can be used to provide pain relief right at the site. Non-chemical, non-habit forming Electrotherapy is an all-natural alternative to chemical and addictive painkillers. Supports surgical recovery Electrotherapy aids in recovery of post-surgical discomfort or pain resulting from an injury.

**315 EPI/Alpha-Stim**

[www.alpha-stim.com](http://www.alpha-stim.com)

Alpha-Stim® is a handheld, prescription medical device that is FDA cleared to provide fast, safe and proven effective treatment of acute, post-traumatic, and chronic pain, along with treating co-morbid anxiety, insomnia, and depression. Alpha-Stim can be used alone, along with other therapies, or as an adjunct to medication (without the risk of drug interactions). There are no serious adverse effects, no risk of addiction, and more than 100 research studies over 38 years that prove the safety and effectiveness of Alpha-Stim. To learn more, call 1-800-FOR-PAIN or visit [www.alpha-stim.com](http://www.alpha-stim.com).

**104 Ethos Laboratories**

[www.ethos-labs.com](http://www.ethos-labs.com)

Ethos Laboratories was founded to provide clinicians and patients with a reputable, high-quality, reliable testing option. Since 2010, we have been dedicated to advancing the field of chronic disease management to fulfill our mission of helping more patients. Located in Newport, KY, Ethos Labs is a CAP-accredited, CLIA-certified, high-complexity laboratory that specializes in clinical toxicology, pain biomarker testing, pharmacogenetics, serology, and COVID-19 testing. We feature the world's first objective and reproducible diagnostic test that targets chronic pain biomarkers. Our diagnostics help providers screen for or monitor specific medications and conditions and provide more personalized medicine.

**408 Fern Health**

[www.fernhealth.com](http://www.fernhealth.com)

Fern Health provides a digital chronic pain management solution to address the national chronic pain crisis affecting millions of Americans. Developed in partnership with leading pain physicians from Massachusetts General Hospital, Fern Health's evidence-based, biopsychosocial, multi-modal program and one-on-one coaching supports individuals at home or on the go. The program focuses on five areas – movement, sleep, emotional health, nutrition, and therapeutic exercise. Our initial offering that addresses MSK-related chronic pain is part of an evolving solution that in the near term will also be applicable to chronic headache, fibromyalgia, and neuropathy. Stop by booth #408 to learn more.

**216 Hikma Specialty USA Inc**

[hikma-specialty.com](http://hikma-specialty.com)

At Hikma Specialty USA Inc., we create high-quality medicines and help make them available and affordable to the people who need them. Our customers and partners know they can depend on us to deliver innovative solutions that meet today's healthcare needs.

Visit [www.hikma-specialty.com](http://www.hikma-specialty.com)

**307 H-Wave**

[www.h-wave.com](http://www.h-wave.com)

H-Wave is an evidence-based, patient-centered service program and medical device intended to speed musculoskeletal recovery, restore function, and manage chronic, acute, and post-operative pain. It's a non-invasive, drug-free treatment option prescribed for home use. Patients benefit from customized one-on-one instruction and can easily use Home H-Wave on their own several times per day or several times per week. It provides long-lasting rehabilitative benefits and on-demand pain relief without harmful side effects. When opioid sparing techniques and outcomes drive treatment focus, H-Wave's advanced technology and personalized service provide the best opportunity for real results.

**107 IBSA Pharma Inc.**

[www.ibsagroup.com](http://www.ibsagroup.com)

IBSA Pharma is part of the IBSA Group, headquartered in Lugano, Switzerland, a world leader in the topical treatment of acute pain and the treatment of hypothyroidism. IBSA markets Licart™ (diclofenac epolamine) topical system 1.3%, a unique patent patch technology for the relief of acute pain associated with minor strains, sprains, and contusions. Licart is the first and only once-a-day topical nonsteroidal anti-inflammatory drug (NSAID) therapy approved by the FDA. It provides targeted pain relief that starts within 1-3 hours of application. IBSA also markets Flector, the original DHEP pain patch.

**214 Impel Pharmaceuticals**

[impelpharma.com](http://impelpharma.com)

Impel Pharmaceuticals is focused on developing and providing transformative therapies for people suffering from diseases with high unmet medical needs through the pioneering of an optimized approach to drug delivery. We offer and develop treatments that pair the Company's proprietary Precision Olfactory Delivery (POD®) technology with well-established therapeutics. Trudhesa® (dihydroergotamine mesylate) nasal spray (0.725 mg per spray) is now approved

for the acute treatment of migraine with or without aura in adults. Trudhesa was previously known as INP104.

**604 Innovative Medical**

Visit our booth for more information.

**T6 International Health Facility Diversion Association**

[ihfda.org](http://ihfda.org)

Founded in 2015, the International Health Facility Diversion Association, or IHFDA, is an international network of experienced professionals who come together to share solutions, knowledge and insight on how to prevent, detect, and properly respond to drug diversion by healthcare personnel. IHFDA is an advocate for patient safety, and is committed to addressing all aspects of drug diversion within healthcare facilities. For healthcare facility diversion stakeholders, IHFDA is your one-stop resource. IHFDA is an international organization dedicated to providing resources to achieve the best possible outcome for the patient, healthcare facility and abuser.

**T13 International Pain Foundation**

[www.internationalpain.org](http://www.internationalpain.org)

The International Pain Foundation (iPain) is devoted to advancing access and quality care to help people suffering from a variety of muscular-skeletal, inflammatory, neurological, emotional, degenerative, and often rare conditions that involve chronic pain through education awareness and access to care projects. iPain's objectives are reached through critical educational events, support, resources, and enhancement projects funded through donations. Our ultimate goal is to provide tools and life skills to chronic pain patients, allowing them to perform their regular activities in the community and bolster society's ability to provide full opportunities and appropriate support. Hope is True!

**303 Johnson & Johnson Consumer Inc.**

[www.tylenolprofessional.com](http://www.tylenolprofessional.com)

Trust TYLENOL®, the #1 doctor-recommended brand for pain relief and fever reduction to help your patients get back to the things they love.

**707 Klara**

[www.klara.com](http://www.klara.com)

See how Klara revolutionizes the patient experience for Pain Management practices by enabling you to stay connected with your patients, wherever they are. Our conversational patient engagement platform automates key touchpoints across your patient journey and transforms high call volume into efficient 2-way messaging, reducing the hours your staff has to focus on redundant tasks. It's time to centralize your patient communication channels and start decreasing no-shows, digitally collecting important paperwork and increasing patient retention (to name a few!) — all without additional strain on your staff. Improving your patient care and collaboration is as easy as texting.

**202 Kowa Pharmaceuticals America, Inc.**

[www.kowapharma.com](http://www.kowapharma.com)

Kowa Pharmaceuticals America, Inc., is committed to continuing the development and commercialization of safe, effective healthcare solutions.

Kowa Pharmaceuticals America, Inc., will be at Booth 202 and is sponsoring a Product Theater about the first and only multimodal co-crystal for the treatment of acute pain

in appropriate patients designed to highlight key background about acute pain management as well as clinical information, such as Important Safety Information, including Boxed Warning, dosing and administration, safety, and efficacy, from the pivotal Phase III clinical trial.

This product theater is independent of PAINWeek®. This program is not certified for CE/CME.

**410 Lilly**

[www.lilly.com](http://www.lilly.com)

Lilly is a global healthcare leader that unites caring with discovery to create medicines that make life better for people around the world. We were founded more than a century ago by a man committed to creating high-quality medicines that meet real needs, and today we remain true to that mission in all our work. Across the globe, Lilly employees work to discover and bring life-changing medicines to those who need them, improve the understanding and management of disease, and give back to communities through philanthropy and volunteerism.

**103 Lola Soap**

[lolasoap.com/category/shop-all](http://lolasoap.com/category/shop-all)

designed bath and kitchen soap, face and body soaps, face and body, scrub, face and body cream, led machine

**210 Medeia, Inc.**

[www.medeia.com](http://www.medeia.com)

The BrainView system is the cutting-edge hardware and software that allows for objective cognitive functional assessment. BrainView is designed to aid physicians in diagnosis by effectively measuring biomarkers related to pain, concussion, cognitive impairment, and other stress-related neurological conditions.

VitalScan ANS+ is a valuable tool in diagnosing hidden illnesses. Medical practitioners can quickly and easily test patients and receive immediate comprehensive interpretive reports. Testing the autonomic nervous system can identify Sudden Death, Hypertension, Syncope, Vascular Abnormalities amongst other disorders.

**209 MicroLight Corporation of America**

[microlightcorp.com](http://microlightcorp.com)

MicroLight offers a non-invasive, non-addictive approach to pain management that is completely safe with no side effects. Established in 1990, MicroLight Corporation of America is a pioneer in cold laser therapy as the first company with FDA clearance to market low-level laser therapy (LLLT) for the non-surgical treatment of pain through adjunctive therapy.

More than 30 years of research and 600+ published studies indicate that our 830nm range is the optimal wavelength for treating pain and inflammation. Countless clinicians have trusted our unique science to treat their patients and themselves for over 20 years.

**317 Millennium Health**

[www.millenniumhealth.com](http://www.millenniumhealth.com)

Millennium Health is an accredited specialty laboratory providing medication monitoring via definitive urine and oral fluid drug tests to support improved clinical decision-making as part of treatment for millions of Americans with chronic pain, mental illness, substance use disorders, and other health conditions. Drug testing is used to obtain objective information about patients' recent use of prescription medications and/or illicit

drugs and helps monitor the effectiveness of treatment plans. We also conduct real-time tracking of emerging drug use trends to help researchers, public health officials, and policymakers address the significant increase in drug overdose deaths.

**111 Modernizing Medicine**

[www.modmed.com/pain-management/its-about-time](http://www.modmed.com/pain-management/its-about-time)

The ModMed Pain Management software suite is a cloud-based, all-in-one solution featuring EMA®, our electronic health records (EHR) system, that works seamlessly with our other products and services including Practice Management, premium analytics, ModMed Telehealth, ModMed Pay, patient engagement tools and more. Our solution is designed to adapt to each doctor's style of practice, remembering preferences and automatically suggesting exam notes and billing codes. With easy-to-use mobile touch screen capabilities, our intuitive platform helps physicians save precious time and allows them to focus on what's important—improving patient outcomes.

**218 ModoScript**

[modoscript.com](http://modoscript.com)

B2B SaaS remote treatment monitoring big data analytics solution for cancer and chronic disease patients taking oral specialty medications/schedule II medications that require constant remote treatment monitoring. There is further market interest in supporting direct-to-patient clinical trials at home. Our solution allows healthcare providers and industry stakeholders to better remotely assess medication and treatment protocol efficiency to optimize remote treatment delivery protocols, improve patient outcomes, and reduce costs. We strive to support the development of safer, more personalized oral therapies for patients by enabling access to real-world remote treatment monitoring big health data analytics.

**109 NeuroStar**

[neurostar.com](http://neurostar.com)

NeuroStar is a non-drug, noninvasive treatment that can improve the quality of life for people suffering from neuro-health conditions. NeuroStar is FDA-cleared for adults with major depressive disorder (MDD), as an adjunct for adults with obsessive-compulsive disorder (OCD), and to decrease anxiety symptoms in adult patients with MDD that may exhibit comorbid anxiety symptoms (anxious depression). NeuroStar is the leading TMS treatment for MDD in adults with over 4.5 million treatments delivered and is backed by the largest clinical data set of any TMS system for depression, including the world's largest depression Outcomes Registry. For safety and prescribing information, [www.neurostar.com](http://www.neurostar.com)

**208 Nevro**

[www.nevro.com/English/us/home/default.aspx](http://www.nevro.com/English/us/home/default.aspx)

Nevro is a global medical device company in California that helps patients suffering from chronic pain, including Painful Diabetic Neuropathy (PDN), achieve lasting relief. An advanced therapy built on the outcomes of 80,000+ patients, HFX is the most effective treatment for painful diabetic neuropathy patients refractory to conventional medical management.

**415 Nu-Scripts, Inc.**

[nu-scripts.com](http://nu-scripts.com)

Nu-Scripts is a practitioner brand with a rich history of successful product formulations. The Nu-Scripts team was originally assembled with Dr. Frank Shallenberger and the



Medlab® team from Australia which includes Dr. Luis Vitteta, Dr. David Rutolo and CEO Sean Hall. We have recently introduced the BioEnergetic team, which handles pain management and wound care, and consists of Dr. Curtis Pointdexter, Chris Bazy and Adolfo Rodriguez.

The team enters the marketplace with Nu-Scripts and will support their practitioners with formulations that will address the patient with a condition specific protocol and the outcomes that "correctly developed and manufactured" formulas provide.

#### **115 Nurocoach**

[nurocoach.com](http://nurocoach.com)

Visit our booth for more information.

#### **T10 Opioid Consulting Educational Solutions**

[www.opioid-consulting.com](http://www.opioid-consulting.com)

Opioid Consulting Educational Solutions (OCES) is a non-profit 501(c)(3) corporation whose over-riding mission is to combat the opioid epidemic through scientific innovation and intervention in healthcare systems that utilize controlled substances. Our goal is to ensure compliance with the Controlled Substances Act, identify and correct any deficiencies with respect to controlled substance licensing, ordering, procurement, receiving, storage, inventory control, record keeping, data analytics, dispensing, utilization, transfer, wasting, and ultimate destruction in any healthcare setting, or by licensed practitioners, who handle these drugs. We do this to protect patients, healthcare personnel, and healthcare facilities from the harm associated with drug diversion.

#### **319 Pain Medicine News**

[www.PainMedicineNews.com](http://www.PainMedicineNews.com)

Pain Medicine News, the most widely read pain publication in the United States according to Kantar Media, offers extensive coverage of major scientific meetings affecting the specialty, feature articles on topics relevant to practicing providers, in-depth clinical reviews, practice management articles, medical education, as well as a full line of digital media, including the PainMedicineNews.com website, e-Newsletters, and multimedia content.

#### **T4 Pain Pod**

[pharmacypodcast.com/podcast/pain-pod](http://pharmacypodcast.com/podcast/pain-pod)

Welcome to the Pain Pod, THE place for all things pain management, hosted by the "Pain Guy" Dr. Mark Garofoli, collaborating with numerous pain management experts across our country and globe. This podcast series includes dynamic discussions on trending topics such as, you guessed it, headlines from every single day revolving around the "Opioid Crisis", epidemic, pandemic, you name it, we'll cover it, along with an aim to always discuss pain management best practices, interprofessional patient care, substance-use disorder (addiction), drug diversion, and even a touch of substances of abuse. Come one, come all, to the PAIN POD!

#### **212 PainScript**

[www.painscript.com](http://www.painscript.com)

PainScript is a telehealth application focused on improving patient outcomes through care plan compliance and medication adherence. Designed by physicians, our platform aligns with several AMA CPT telehealth codes (D/E&M, RPM, RTM, CCM) appropriate for patients receiving medically necessary treatment. PainScript's daily connection between physicians

and their chronic pain and/or SUD patients is achieved through an easy-to-use, clinically validated, HIPAA-compliant app on the patient's mobile device. Patients self-report their symptoms and medication adherence by answering three clinically validated questions that provides their physicians with details into the patients' ongoing treatment. The PainScript platform also offers EHR integration and tools for advanced practice management.

#### **221 PatchRx**

[www.patchrx.io](http://www.patchrx.io)

PatchRx is a Medicare-reimbursable medication compliance service that uses a universally-fit smart pill bottle device to help patients manage their medications. We work with pain management clinics to mitigate prescription misuse for high-risk medications, improve the patient experience of taking a medication, and provide a financial incentive through reimbursement for clinics to do so.

There's no upfront cost or financial investment to get started and there's no time commitment for your staff as we provide a Clinical Success Nurse to do all patient enrollment, support, management, and documentation.

#### **320 Quest Diagnostics**

[www.questdrugmonitoring.com](http://www.questdrugmonitoring.com)

Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world's largest database of clinical lab results, our diagnostic insights reveal new avenues to improve health care management.

Quest Diagnostics Health Trends™ are reports that provide insights into health topics, based on analysis of laboratory data, to empower better patient care and population health management. Reports are based on our database of de-identified laboratory test results, believed to be the largest of its kind in healthcare. Health Trends yields insights to aid the management of diseases, and conditions, including drug monitoring. Visit [QuestDrugMonitoring.com](http://QuestDrugMonitoring.com).

#### **105 Regenerative Labs**

[regenerativelabs.com](http://regenerativelabs.com)

Regenerative Labs' mission is to facilitate predictable patient outcomes by providing the highest quality human tissue allografts available. With the goal of addressing the root cause rather than masking the pain, Regenerative Labs' birth tissue allografts provide a non-addictive, non-invasive option for patients. Our first-class, state-of-the-art production facility is in Pensacola, Florida. We spare no expense when it comes to the technology, we insist is necessary to produce the quality regenerative products we expect for our partners.

#### **407 Rye's CBD**

[ryescbd.com](http://ryescbd.com)

Rye's CBD is owned and operated with the experience of over 30 years of Massage Therapy. Julie and Ryan Bowman combined their knowledge to formulate topicals which alleviate most skin ailments. Time tested; mother nature approved ingredients combine to deliver an Enhanced Entourage Effect using Full Spectrum CBD. Our 500 mg CBD balm is manufactured with non-GMO ingredients and scented with proprietary essential oil blends which also attribute to benefits for your health. 5 natural analgesics, 11 active anti-inflammatories along with numerous other benefits. Rye's CBD aims to Elevate with education, alleviate through application while strengthening with community.

**203 Salix Pharmaceuticals**

[www.salix.com/about-us](http://www.salix.com/about-us)

Salix Pharmaceuticals is one of the largest specialty pharmaceutical companies in the world committed to the prevention and treatment of gastrointestinal diseases. For more than 30 years, Salix has licensed, developed, and marketed innovative products to improve patients' lives and arm healthcare providers with life-changing solutions for many chronic and debilitating conditions. Salix currently markets its product line to U.S. healthcare providers through an expanded sales force that focuses on gastroenterology, hepatology, pain specialists, and primary care. Salix is headquartered in Bridgewater, New Jersey. For more information about Salix, visit [www.Salix.com](http://www.Salix.com) and connect with us on Twitter and LinkedIn.

**318 Summus Medical Laser**

[summuslaser.com](http://summuslaser.com)

Summus Medical Laser, The Most Advanced Therapeutic Class IV Lasers: The Horizon Class IV Therapeutic Laser Complete System with On-Call; P4 Laser, P3 Laser, and H1 Laser. "The Opioid-Free, Surgery-Free Solution."

**113 Take Courage Coaching**

[takecouragecoaching.com](http://takecouragecoaching.com)

Take Courage Coaching is a health and wellness company and training school focused on the science and skills of managing chronic pain and health and wellness coaching.

**602 Total Brain**

[www.totalbrain.com/providers](http://www.totalbrain.com/providers)

Total Brain is an applied, integrative neuroscience company. Our SaaS-based, mental health platform combines monitoring capabilities from assessments, screenings, biometrics and genetics with personalized self-care support tools. We offer solutions for three market segments: Population Health, Providers and Precision Medicine, providing our customers with actionable data, operational efficiencies, precision medicine diagnostics, and health and productivity outcomes, while providing their constituents with improved self-awareness and support tools.

**T11 U.S. Pain Foundation**

[uspainfoundation.org](http://uspainfoundation.org)

The mission of U.S. Pain Foundation is to empower, educate, connect, and advocate for people living with chronic conditions or serious injuries that cause pain. As a 501(c)(3) organization dedicated to improving the lives of people with pain, U.S. Pain Foundation helps individuals find resources, support, and inspiration.

**217 Überlube**

[www.uberlube.com](http://www.uberlube.com)

Premium silicone lubricant. Doctor recommended, überlube is formulated to enhance sex and not get in the way. Always slippery, never sticky, überlube is free of dyes and fragrances. Helps to relieve painful sex caused by a multitude of conditions. Überlube feels good and feeling is everything. Made in USA

"My patients love your product! I also use Überlube during pelvic exams to make the examination more comfortable for my patients. What a great company to provide such a high quality and effective product!"

Aleece Fosnight PA-C CSC CSE, Pisgah Urology, Brevard NC President - Association of PAs in OBGYN (APAOG)

**600 United Team Group**

Visit our booth for additional information.

**206 Vertos Medical**

[www.vertosmed.com](http://www.vertosmed.com)

Vertos Medical is an interventional pain company committed to developing innovative, minimally invasive treatments for lumbar spinal stenosis. mild, its proprietary technology, is an image-guided outpatient procedure that removes a major root cause of LSS through an incision smaller than the size of a baby aspirin and requires no implants, general anesthesia, and stitches. The mild Procedure has been clinically demonstrated to have safety outcomes similar to injections with durability out to 5 years, and patients typically resume activity within 24 hours with no restrictions. mild is nationally covered by Medicare and has been performed on over 40,000 patients.

**106 VQ OrthoCare**

[www.vqorthocare.com](http://www.vqorthocare.com)

Founded in 1989, VQ OrthoCare is a leading provider of non-invasive medical solutions focused on bone, joint and soft-tissue conditions. These solutions are designed to help people reduce pain and stay active. Products include bracing, electrical stimulation, and nano-amplified CBD! All products are designed to be non-surgical and non-pharmaceutical.

**100 ZERO GRAVITY**

[www.zerogravityskin.com](http://www.zerogravityskin.com)

"ZERO GRAVITY SKIN was founded with one goal in mind; to develop and deliver the safest and most effective pain management and anti-aging Medical devices to consumers across the globe.

Zero Gravity is committed to produce the most effective LED (Light Emitting Diodes) light therapy for chronic pain and facial skin rejuvenation in the industry.

The sophisticated technology behind InfraRed Light Therapy is supported by many leading board certified Dermatologists and Plastic Surgeons across the globe.

Zero Gravity devices are FDA-Cleared Class 11 medical devices."



**Vertex invests in scientific innovation  
to create transformative medicines for  
people with serious diseases.**

We work with leading researchers, doctors, public health experts and other collaborators who share our vision for transforming the lives of people with serious diseases, their families and society.

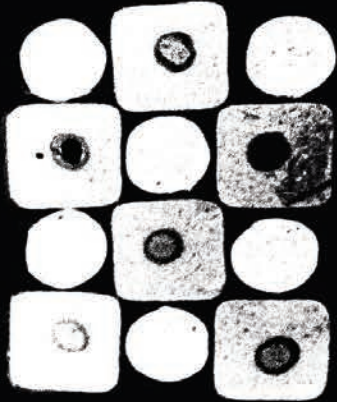
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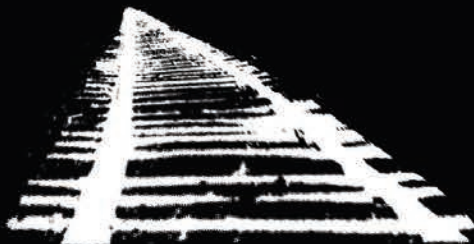
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