



'21

Painweek.

September 7—11, 2021

The Cosmopolitan of Las Vegas

Program Guide







Download the PAINWEEK Mobile App.

PAINWEEK MOBILE!

**Everything you need to know about
PAINWeek on your smartphone or tablet.**

- Get maps of the conference venue
- Stay up-to-date on PAINWeek announcements
- Access the conference schedule
- Link to session slides
- View course credit procedures
- View and plan a visit to the Exhibit Hall
- Complete session evaluations

Download from the App Store or Google Play.



Apple, the Apple logo, iPhone, and iPad are trademarks of Apple Inc., registered in the U.S. and other countries and regions. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.

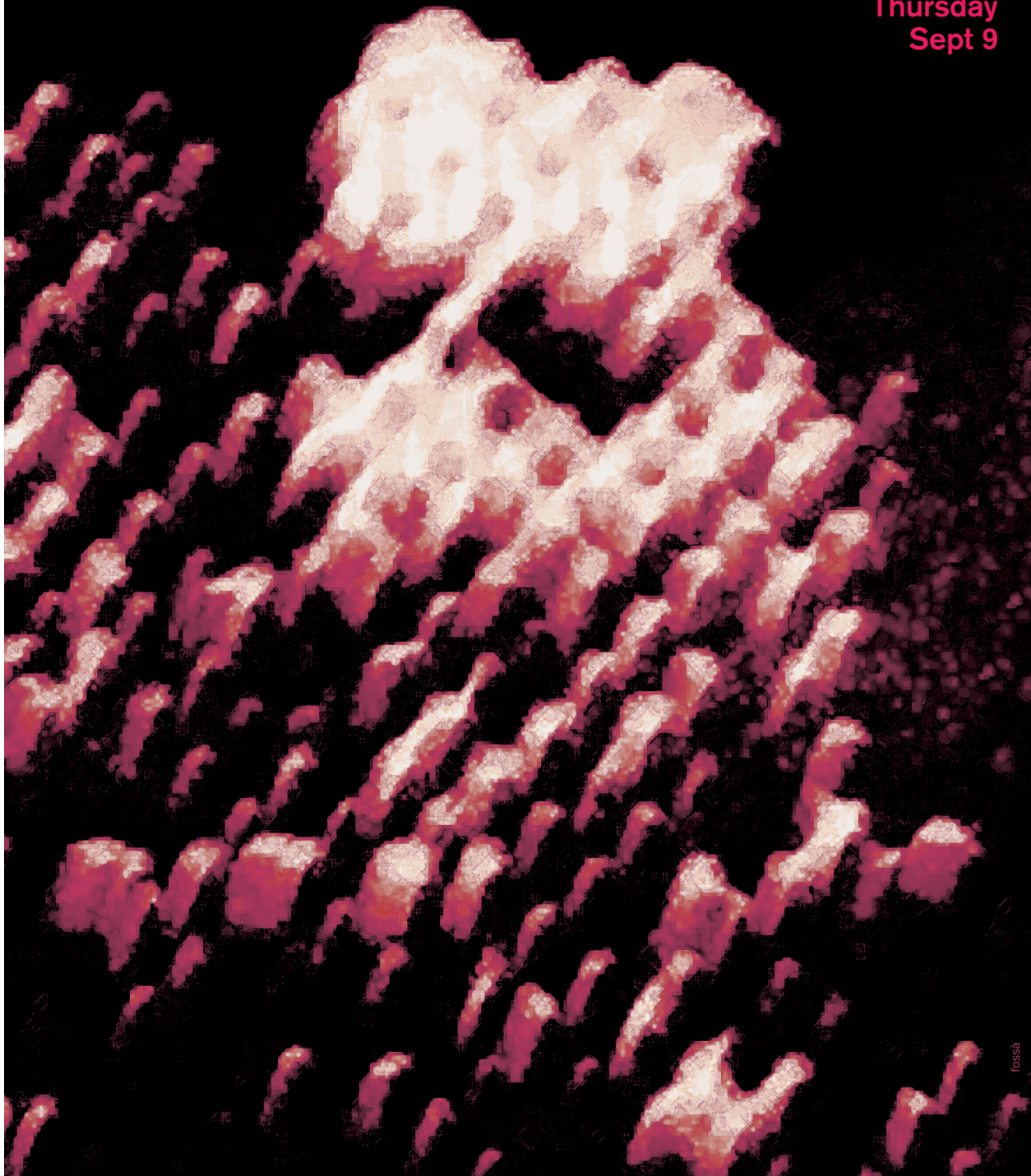
Make this 1st on your list.





a face in the crowd

Trigeminal Neuralgia
and Atypical Facial Pain
Jennifer Robblee
Thursday
Sept 9



fossa



**PAINWeek would like to thank
these organizations for their
contribution to the success of the
2021 conference.**

Diamond Sponsors



Platinum Sponsors



Gold Sponsor

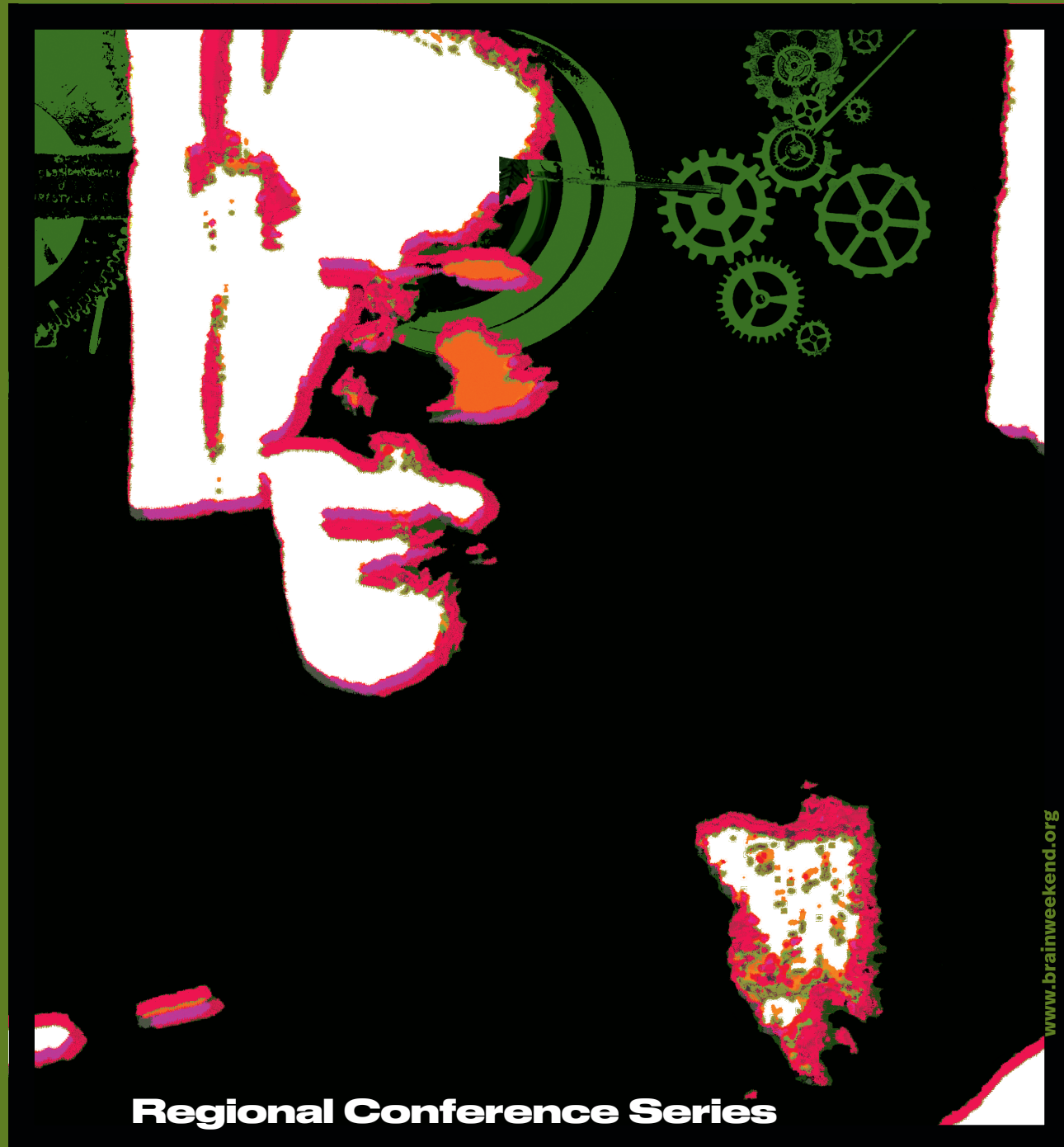


Satellite Event Sponsors

AbbVie ● Averitas Pharma ● Baudax Bio, Inc. ●
BioDelivery Sciences International, Inc ● Emergent BioSolutions ● Ensysce Biosciences ●
Ethos Laboratories ● Impel NeuroPharma ● Nevro ● RedHill Biopharma ●
Salix Pharmaceuticals ● Sana Health ● THOR Photomedicine ● Vertos Medical

BRAINWEEKTM KEND

Practical education for specialists and frontline practitioners treating CNS disorders



www.brainweekend.org

Regional Conference Series



WEST Scottsdale, AZ
10/9-10/10

SOUTH Tampa, FL
11/6-11/7

MIDWEST St. Louis, MO
11/13-11/14

Live Conference!



 **wifi** 

available at
PAINWeek 2021
compliments
of



Network: AveritasPharma
Password: Qutenza

Qutenza.com **Visit us at Booth 205**



**JENNIFER HAH
RAVI PRASAD**

TUES SEPT 7



PINK ELEPHANTS

IS ALCOHOL A PAIN PANACEA OR A PROBLEM?

fossa



CONTENTS

Administration

ART AND GRAPHIC DESIGN
Darryl Fossà

BUSINESS DEVELOPMENT
Mike Shaffer

CLIENT AND CONFERENCE MANAGEMENT
Redza Dempster

CLINICAL CONTENT
Sabreet Dhillon PHARM D

DIGITAL ENGAGEMENT
Adam Marks

EDITORIAL
Holly Caster

FINANCE
Heather Woolf

MEDIA MANAGEMENT AND PRODUCTION
Patrick Kelly

OPERATIONS AND TECHNOLOGY
Jeffrey Tarnoff

PROGRAM DEVELOPMENT
Debra Weiner

PROGRAM MANAGEMENT
Charles Frometa

PAINWeek
6 Erie Street
Montclair, NJ 07042
USA

T (973) 415-5100
F (973) 233-9383

info@painweek.org
www.painweek.org

Please note that PAINWeek staff will be capturing photographs and video onsite in professional settings throughout the conference. By attending PAINWeek, you acknowledge that there is a possibility that you may appear in such photographs and video, which may be used in future PAINWeek conferences and/or materials and publications. Photographs and video will only be taken in public areas of the hotel, and we will not use an identifiable photograph or likeness of you as the focus of an image or illustration.

Copyright © 2021, PAINWeek, a division of Tarsus Medical Group. The PAINWeek logo, and "The National Conference on Pain for Frontline Practitioners" are trademarks of PAINWeek. All other trademarks are the property of their respective owners.

All rights reserved.

- ACCOUTREMENTS 11
 - WELCOME 12
 - ABOUT US 14
 - CONFERENCE FLOOR PLAN 16
 - KEYNOTE 18
 - WELCOME RECEPTION 19
 - ACCREDITATION 20
- AGENDA 23
- FACULTY 35
- SATELLITE EVENTS 43
- COURSE DESCRIPTIONS 51
- EXHIBITORS 85

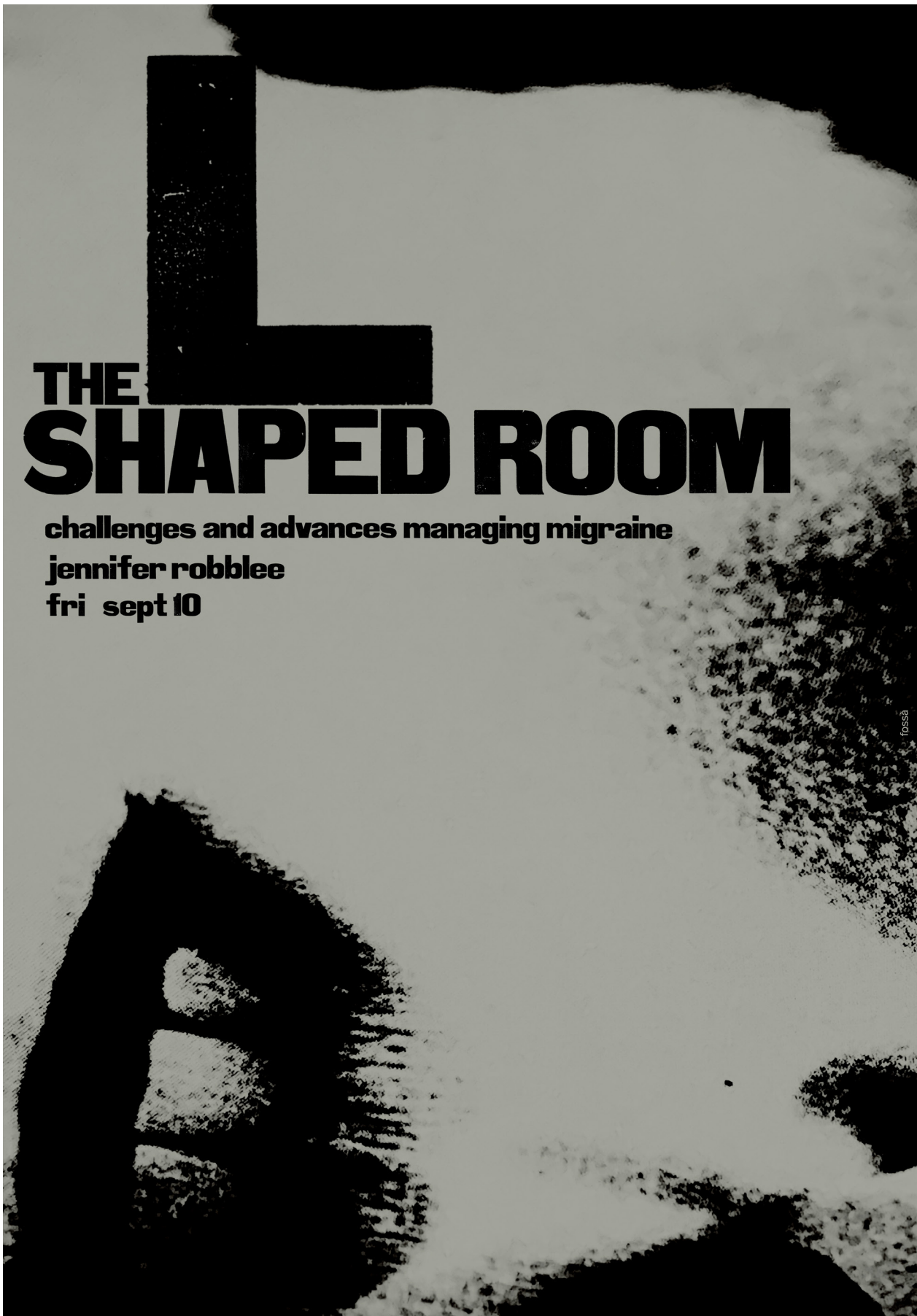


Name badges issued from the registration desk must be worn for admittance to all PAINWeek 2021 events. The front of the badge contains attendee information and a bar code that can be quickly scanned to capture data. Badges are also equipped with radio frequency identification—RFID—chips for passive tracking 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 8/19/2021. For the most up-to-date information please visit m.painweek.org.

Properly worn face masks—covering the nose and mouth—will be required during all programs except when actively eating or drinking.



L **THE SHAPED ROOM**

challenges and advances managing migraine

jennifer robblee

fri sept 10

fossa





ACCOUTREMENTS

welcome → about us → conference floor plan → keynote → welcome reception → accreditation





WELCOME!



Kevin Zacharoff MD, FACIP, FACPE, FAAP
Senior Faculty Member, Executive Editor of PWJ





September 7–11

Dear PAINWeek Delegates:

On behalf of our entire team, it is with heartfelt pleasure that I welcome both new and returning attendees to PAINWeek 2021! As we gather in person, I think it is reasonable to say that many of us wondered when and if this time would arrive.

Celebrating its 15th year, PAINWeek, the largest US conference devoted to pain and its management, hasn't missed a beat and last year took place virtually. But nothing is better than being physically together to exchange ideas, to learn, to teach, and to embrace the basic human need to interact. I'm sure we all have stories to share—some happy, some sad, some inspirational, and some challenging. In deliberating over the pandemic for the past 18 months, a thought settled in my mind that essentially every person on the planet has many things in common with people with pain. We all experienced suffering of varying degrees that was influenced by both physical and psychological factors. We experienced a desire to be presented with health strategies founded with a scientific evidence basis. We experienced the fear of knowing, the fear of not knowing, and, in many ways, I think we collectively experienced "pain."

Attending PAINWeek this year means that you have made the decision to take steps not necessarily to get back to "normal" but to continue moving forward and make progress in how we assess and treat patients with pain in the world as it exists today. It could be argued that in this regard, significant ground was lost due to the pandemic for reasons including reduced access to care and the increased burdens and stress placed on our healthcare system, to name a few. We need to regroup and continue our collective mission of caring for people with pain as safely and effectively as we can.

The most complimentary things I can point out about PAINWeek have not changed: the breadth of its subject matter, which is better this year than ever, with over 100 CE/CME credit hours of educational sessions, and that it delivers education to all of us as a unified group of frontline clinicians and allies looking to address shared relevant goals. With numerous educational course tracks to explore, you can navigate the conference in whatever way serves you best. Regardless of your professional discipline, there is a tremendous amount of education to be had at PAINWeek—the basics and complexities of pain management; the role of a biopsychosocial approach to assessment and treatment; and safe and responsible opioid analgesic prescribing. Special interest sessions focusing on bias, stigma, and social determinants of health. Best practices for assessing and treating substance use disorders; practicing in a way that mitigates risk of regulatory scrutiny; and what lies on the pain management horizon, just to name a few.

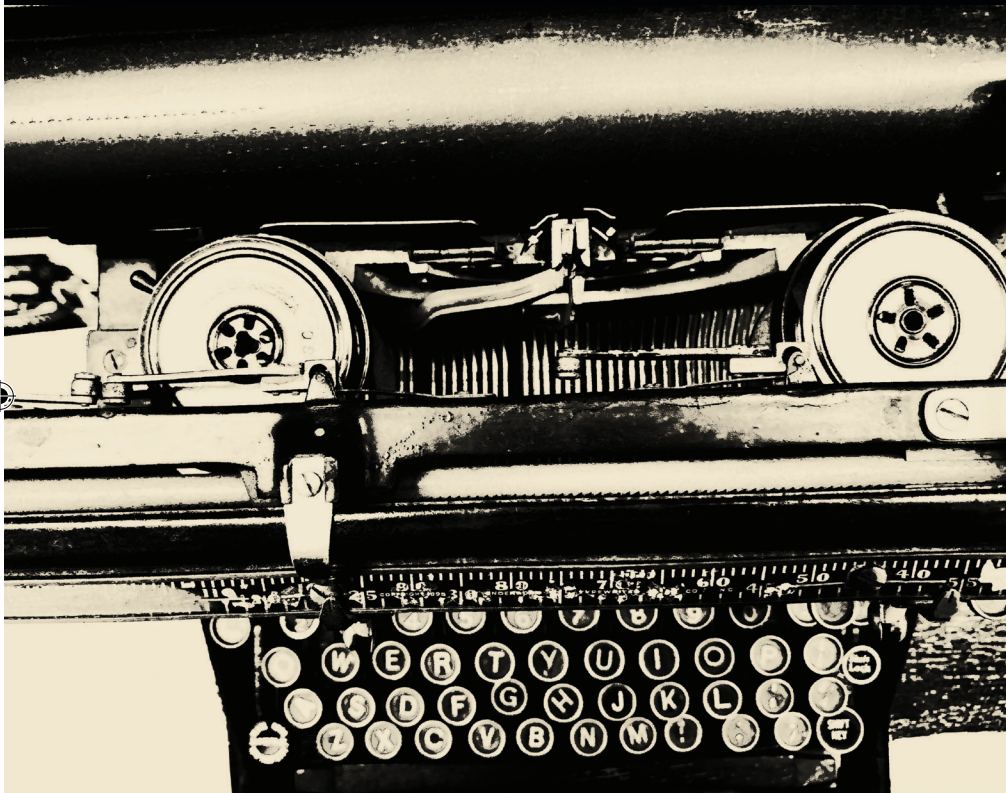
A few things to note: PAINWeek 101 on Monday evening is intended for first-time attendees and is a special opportunity to orient yourself and prepare for the most beneficial conference experience possible. The certified-for-credit Keynote Presentation on Wednesday evening will be followed by refreshments and the opportunity to converse and network with faculty and colleagues at the Welcome Reception in the Exhibit Hall. Don't miss the scientific poster session and reception on Thursday, with podium presentations on Friday morning.

I have said it for 14 years, and it bears repeating because it is still true: the PAINWeek annual conference has a distinct pulse, and you are the heartbeat. It is your collective interest and enthusiasm that keep it thriving. As we come back together in person, I'm sure you will find that you made the right choice to come, and I encourage you to make the most of it!

@painweek   

ABOUT US...

**Shake,
Rattle,**



and Roll

By Debra Weiner





“Nothing can happen for decades; then decades can happen in weeks.”

—V. Lenin

Imagine scouting for a movie location in Croatia. You find it, secure it, send out your set designer and production crew. They observe the natural light, the ambient sounds, and pronounce it as the best of all places to shoot your film. Then the next day, a meteor crashes to the earth in that very spot, and you must find a new setting.

Last year, it was all about finding a new location, ie, a virtual one, and the transition was deftly made in a matter of a few short weeks. We were very fortunate, and the results far exceeded our expectations. It was the first time in our history that we hadn't convened our annual conference in Las Vegas.

As we approach our 15th year, we return to the live PAINWeek stage, to welcome an enthusiastic gathering of frontline practitioners, conferring 5 days of biopsychosocial epiphanies for them to apply to the vacillating world of pain management. As an enterprise that has been nurtured by the necessity of reinvention, we have become more agile than ever before. We're showing up and doing what we do best: creating an educational experience that inspires and twinkles. That's what we do.

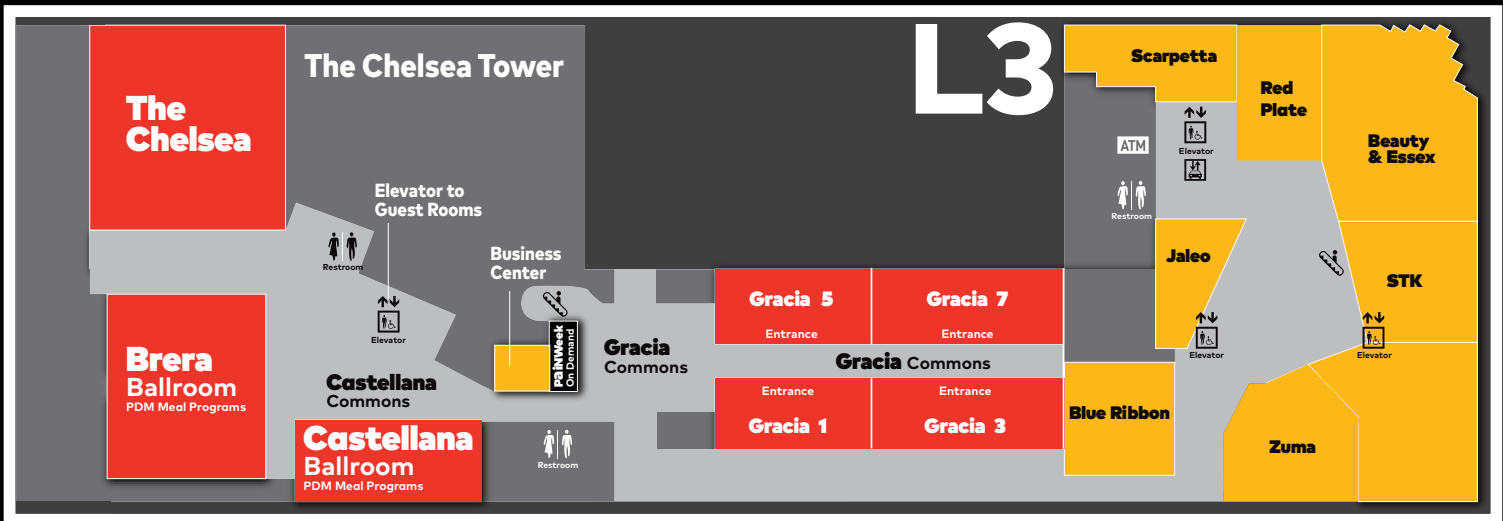
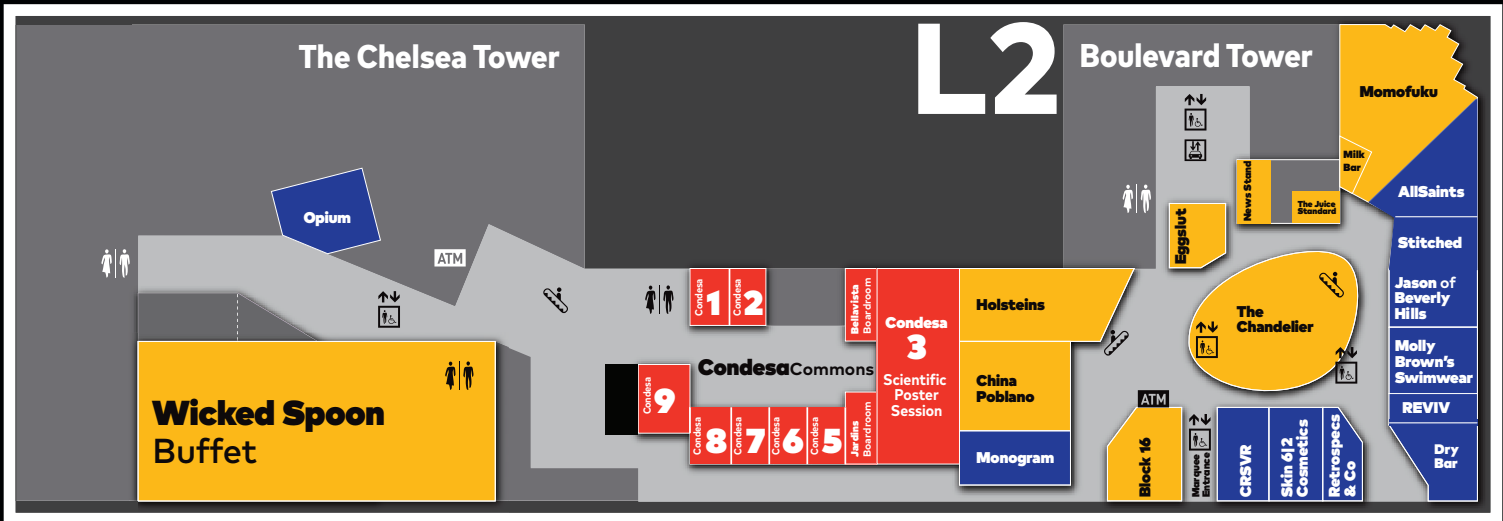
There are words that, over time, have been overused, and “remote” is one of them. What used to be an adjective reserved almost exclusively for travel destinations has become a necessary descriptor to so many of our current work/life activities.

We have worked remotely since March 2020. While challenging at first, our daily 10:30 catch-up Zoom calls have served as a vital stabilizer. At first, they seemed awkward and tedious. Now they feel more uplifting, seeing everyone's faces and the expressions they make (or don't make) as we review our work tasks and discuss our home entertainment choices. In many ways, our team is more like a band. We all play different instruments, and some do better in the studio than on the road. But it all works out in the end.

Among the things that have changed and impacted our **Ocean's 11** lives is that my other significant other, **Jeffrey Tarnoff**, no longer sits across from me as he had for the last 19 years. He is now beaming in from Boston, while I tend to the hearth from our Montclair, New Jersey, office. **Heather Woolf** moved to Austin, Texas; **Charlie Frometa** got married; **Adam Marks** is getting married; **Mike Shaffer** and his wife are expecting twins. **Patrick Kelly** decided not to cut his hair for 18 months and looks like a rock star. **Holly Caster** remains in her Nyack, New York, nest, while **Red Dempster** goes on 8-hour hikes in New Hampshire when he isn't living in Key West during the winter months. **Sabreet Dhillon** came on board earlier in the year as our clinical maven and will finally meet everyone in person at PAINWeek. **Darryl Fossà** continues to draw and play his classical and jazz guitars. When I'm not being the showrunner, I practice piano, dream of making pickles, and look forward to our return to Berlin in the fall.

This is us.

CONFERENCE FLOOR PLAN LEVELS 2-4



Please note: The Henry (restaurant) is located on level 1

the association of subclinical hearing loss with cognitive performance



fossé

justin golub! saturday! sept 11

A+B=

**PAIN BY
NUMBERS** 2

keynote

michael clark
kevin zacharoff
stephen ziegler

mont-royal ballroom

wednesday,
september 8
5:40p

certified
for credit!



WELCOME RECEPTION



**WEDNESDAY
6:50p – 9:00p
EXHIBIT HALL**

Properly worn face masks—covering the nose and mouth—will be required during all programs except when actively eating or drinking.



ACCREDITATION

PainWeek 2021

September 7–11
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.

Purpose Statement

PAINWeek® provides practical knowledge and tools for busy pain management practitioners to utilize in their daily practice.

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 100 hours of content will be presented!

Learning Objectives

After attending PAINWeek® 2021, learners should be better able to:

- Describe the protocols for acute and chronic pain assessment
- Interpret basic diagnostic procedures used to identify pain disorders
- Describe mechanisms by which regular physical activity and exercise decrease pain
- Identify the specific pain pathways acted upon by certain pharmacotherapies
- Cite current medical/legal issues impacting clinical pain management
- Assess strategies for treating pain and chemical dependency
- Identify the top prescription drugs of abuse
- Recognize a patient-centered approach to chronic pain management

For full learning objectives, faculty, and agenda please visit pain.sh/painweek2021.

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 33.0 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 33.0 medical knowledge MOC points 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 continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This educational activity for 33.0 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 Continuing Education

Accreditation Statement



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

Credit Designation

Global Education Group designates this continuing education activity for 33.0 contact hours (3.30 CEUs) of the Accreditation Council for Pharmacy Education.

This is a knowledge-based activity.

Please see pain.sh/painweek2021 for full ACPE information and UAN numbers.

Please note: Pharmacy learners will not be eligible to receive partial credit. Individual courses must be attended in their entirety in order to be eligible to receive credit for those 1.0 credit hour sessions.

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.

Psychologist Continuing Education

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 has been approved for a maximum of 33.0 CE credits for psychologists. The instructional level of this activity is introductory. Psychologists should only claim credit commensurate with the extent of their participation in the activity.

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 33.0 contact hour(s). Please see pain.sh/painweek2021 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 33.0 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.

Instructions to Receive Credit

In order to receive credit, participants must attend the course and complete the online evaluation forms related to each course. Participants can only claim the hours they were actually in attendance for CME credit. Statements of credit are available to print upon completion of online forms.

Fee & Refund/Cancellation Policy

Please note that registration fees apply to this conference. Please see 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 faculty reported the following financial relationships or relationships to products or devices they or their spouse/life partner have with commercial interests related to the content of this CME activity:

Please see the Faculty section of this program guide.

The planners and managers reported the following financial relationships or relationships to products or devices they or their spouse/life partner have with commercial interests related to the content of this CME activity:

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
Liddy Knight	Nothing to disclose
Ashley Cann	Nothing to disclose
Kim Rodriguez	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.



APOCALYPSE NOW

or later?

michael bottros



**chronic
pain
after
covid-19
tues sept 7**

fossa







TUESDAY 9.7

7:30a – 8:20a	ASIPP 01	Treatment Algorithm for Managing Chronic Back Pain in the Elderly Population Mayank Gupta MD	L3 ● Gracia 3
7:30a – 8:20a	BHV 01	Casting a Wider Net: Using Focused Acceptance & Commitment Therapy in Primary Care David Cosio PHD, ABPP	L4 ● Nolita 1
7:30a – 8:20a	PHM 01	Prime Time or Too Soon? Pharmacogenetics in Pain Management Abigail T. Brooks PHARMMD, BCPS Courtney M. Kominek PHARMMD, BCPS	L3 ● Gracia 1
8:30a – 9:30a	PDM 01	Optimizing Medical Management of Neuropathic Pain: Case Studies Addressing Modern Care Challenges with Painful Diabetic Peripheral Neuropathy of the Feet* <i>Sponsored by Averitas Pharma</i> Breakfast will be served Alaa A. Abd-Elseyed MD Charles E. Argoff MD Mayank Gupta MD	L3 ● Brera Ballroom
9:40a – 10:30a	ASIPP 02	Interventional Options for Refractory Migraine and Cervicogenic Headaches Nebojsa Nick Knezevic MD, PHD	L3 ● Gracia 3
9:40a – 10:30a	BHV 02	Calming the Storm: Adding PTSD Treatment to Your Pain Practice Peter A. Abaci MD	L4 ● Nolita 3
9:40a – 10:30a	CPS 01	Neurogenic Thoracic Outlet Syndrome Paul J. Christo MD, MBA	L4 ● Nolita 1
9:40a – 10:30a	PHM 02	Taming of the Spew! Managing Opioid-Induced Nausea and Vomiting Laura Meyer-Junco PHARMMD, BCPS, CPE	L3 ● Gracia 1
10:30a – 11:00a		Break	
11:00a – 11:50a	BHV 03	Pink Elephant: Is Alcohol a Pain Panacea or a Problem? Jennifer M. Hah MD, MS Ravi Prasad PHD	L4 ● Nolita 3
11:00a – 11:50a	CPS 02	“Doctor, I Have a Pain Between L4 and L5”: Dealing with False Positives and Google Dx Ramon L. Cuevas-Trisan MD	L4 ● Nolita 1
11:00a – 11:50a	PHM 03	See, Be, Deceived...or Relieved? Evaluating CBD for Pain Management Abigail T. Brooks PHARMMD, BCPS Courtney M. Kominek PHARMMD, BCPS	L3 ● Gracia 1
12:30p – 1:30p	PDM 02	Opioid Induced Constipation: A Prescription Approach for a Different Type of Constipation* <i>Sponsored by RedHill Biopharma</i> Lunch will be served Anjali Desai MD	L3 ● Brera Ballroom
1:40p – 2:30p	ASIPP 03	Post-Surgical Neuralgia: Diagnosis and Treatment Alaa Abd-Elseyed MD, MPH, FASA	L3 ● Gracia 3
1:40p – 2:30p	BHV 04	The Dog Ate My Homework: A Guide to Avoiding Relapse and Maintaining Adherence David Cosio PHD, ABPP	L4 ● Nolita 1

*Not certified for credit



TUESDAY 9.7

1:40p – 2:30p	PHM 04	Tales of Pain Self-Management: The Who, What, Why, and How! Laura Meyer-Junco PHARM.D, BCPS, CPE Samantha J. Seivert PHARM.D	L3 ● Gracia 1
2:40p – 3:30p	CPS 03	Updates on Complex Regional Pain Syndrome Paul J. Christo MD, MBA	L4 ● Nolita 1
2:40p – 3:30p	HLC 01	Implementing a New Pain Coach Education Service in an Academic Medical Center During the COVID Pandemic Phyllis L. Hendry MD, FAAP, FACEP Douglas Suffield MACOM, DIPLOM, LAC	L4 ● Nolita 3
2:40p – 3:30p	KEY 01	Apocalypse Now...or Later? Chronic Pain After COVID-19 Michael M. Bottros MD	L4 ● Mont-Royal Ballroom
3:40p – 4:30p	PDM 03	A Discussion of Non-Oral Delivery for the Acute Treatment of Migraine* <i>Sponsored by Impel NeuroPharma</i> Refreshments will be served Charles E. Argoff MD	L3 ● Castellana
4:40p – 5:30p	BHV 05	What's Psych Got to Do with Perioperative Pain Management? Abhishek Gupta DO Patricia W. Tsui PHD	L3 ● Gracia 1
4:40p – 5:30p	CPS 04	Osteoarthritic Joint Pain: Advances in Diagnosis and Treatment Michael M. Bottros MD	L4 ● Nolita 1
4:40p – 5:30p	HLC 02	Night & Day: The Disabling Power of Sympathy/The Enabling Power of Empathy Becky Curtis NBC-HWC, CPMC	L4 ● Nolita 3
5:40p – 6:30p	BHV 06	All in the Family: Their Role and Impact on Pain Management David Cosio PHD, ABPP	L3 ● Gracia 1
5:40p – 6:30p	CPS 05	Painful Conditions of the Upper Limb Ramon L. Cuevas-Trisan MD	L4 ● Nolita 1
5:40p – 6:30p	HLC 03	Everything's Coming Up Roses: How Pain Management Coaching Impacts Pain Outcomes Becky Curtis NBC-HWC, CPMC	L4 ● Nolita 3

*Not certified for credit

WEDNESDAY 9.8

7:30a – 8:20a	ACU 01	Acute Care for Patients Admitted to the Hospital with Opioid Use Disorder Theresa Baxter MSN FNP	L4 ● Nolita 3
7:30a – 8:20a	KEY 02	The Clinical Pharmacist-Led Suboxone Clinic for Managing Comorbid Pain and OUD Timothy J. Atkinson PHARM.D, BCPS, CPE Terri Jorgenson RPH, BCPS	L3 ● Gracia 3
7:30a – 8:20a	PBF 01	Pain Pathways Made Simple David M. Glick DC, DAIPM, CPE, FASPE	L3 ● Gracia 1
8:30a – 9:30a	PDM 04	An Oral CGRP Antagonist for the Acute Treatment of Migraine* <i>Sponsored by AbbVie</i> Breakfast will be served Christopher Rhyne MD	L3 ● Brera Ballroom
9:40a – 10:30a	ACU 02	An Integrative Pain Management Toolkit Initiative for Emergency Department and Hospital Patients Phyllis L. Hendry MD, FAAP, FACEP Magda Schmitzberger MPH, CPH Natalie Spindle MS, CHES	L3 ● Gracia 1
9:40a – 10:30a	APP 01	The Doors of Perception: Psychedelics in Pain Management Maria Mangini PHD, FNP	L3 ● Gracia 3
9:40a – 10:30a	MDL 01	Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education Jennifer Bolen JD	L4 ● Mont-Royal Ballroom
9:40a – 10:30a	PBF 02	Chronic Pain Assessment Michael R. Clark MD, MPH, MBA	L4 ● Nolita 1
10:30a – 11:00a		Break and Exhibits	
10:30a – 11:20a	PDM 05	The Sana Device: An Effective Non-Drug Option Submitting to FDA for Clearance in the Management of Pain, Sleep and Anxiety* <i>Sponsored by Sana Health</i> Refreshments will be served Martin Cheatle PHD Richard Hanbury	L3 ● Castellana
11:00a – 11:50a	ACU 03	Acute Post-Operative Pain: Current Practice, Novel & Upcoming Analgesic Options, and Drug Development Keith A. Candiotti MD	L3 ● Gracia 1
11:00a – 11:50a	APP 02	Chronic Pain in the Year of a Pandemic: Advanced Practice Provider Edition Brett B. Snodgrass FNP-C, CPE, ACHPN, FAANP	L3 ● Gracia 3
11:00a – 11:50a	SIS 01	The Ambient Zone: Sleep Induction Through Music Meditation Joanne V. Loewy DA, LCAT, MT-BC John Mondanaro PHD, LCAT, MT-BC, CCLS Andrew R. Rossetti PHD, LCAT, MT-BC	L4 ● Nolita 3
12:30p – 1:30p	PDM 06	Addressing Unmet Needs of Chronic Pain Patients Taking Opioid Therapy* <i>Sponsored by BioDelivery Sciences International, Inc</i> Lunch will be served Ketan Patel MD	L3 ● Brera Ballroom

*Not certified for credit

WEDNESDAY 9.8

1:40p – 2:30p	ACU 04	Reiki for Relaxation and Pain Relief in the Acute Care Setting Christine J. Easterling MHS	L4 ● Nolita 3
1:40p – 2:30p	MDL 02	Who's Looking at You, Doc? A Rational Response to 2021 Perspectives on Opioid Prescribing Jennifer Bolen JD	L4 ● Mont-Royal Ballroom
1:40p – 2:30p	PBF 03	Clinical Pearls: Unraveling the Secrets of Imaging Studies David M. Glick DC, DAIPM, CPE, FASPE	L4 ● Nolita 1
1:40p – 2:30p	SIS 02	The Potential Role of the Type 3 Adenosine Receptor Modulators (A3RMs) in the Management of Pain Charles E. Argoff MD Paul J. Christo MD, MBA	L3 ● Gracia 1
2:40p – 3:30p	APP 03	So, You Checked the PDMP. Now What? Jeremy A. Adler DMSC, PA-C	L3 ● Gracia 3
2:40p – 3:30p	KEY 03	Who Should Own Back Pain? An Interventional Pain Physician and a Physical Therapist Debate Johnathan H. Goree MD Leah Tobey PT, DPT, MBA	L4 ● Mont-Royal Ballroom
2:40p – 3:30p	PBF 04	Back to the Basics: The Role of Psychology in Pain Ravi Prasad PHD	L4 ● Nolita 1
3:40p – 4:30p	PDM 07	The Role of a Once-Daily Intravenous Non-Opioid Option* <i>Sponsored by Baudax Bio, Inc.</i> Refreshments will be served Miguel de la Garza MD	L3 ● Castellana
3:40p – 4:30p	PDM 03	Opioid Induced Constipation: A Prescription Approach for a Different Type of Constipation* <i>Sponsored by RedHill Biopharma</i> Refreshments will be served Charles McLeskey MD	L3 ● Brera Ballroom
4:40p – 5:30p	APP 04	Ain't No Honky-Tonk: Medical Cannabis for Pain Management Theresa Mallick-Searle MS, PMGT-BC, ANP-BC	L3 ● Gracia 3
4:40p – 5:30p	PBF 05	Pain Therapeutics: Adjuvants and Nonopioid Analgesics Abigail T. Brooks PHARM D, BCPS Courtney M. Kominek PHARM D, BCPS	L4 ● Nolita 1
4:40p – 5:30p	SIS 03	The Referral Loop: A Guide for Frontline Clinicians on Electromyography and Nerve Conduction Studies Ramon L. Cuevas-Trisan MD	L3 ● Gracia 1
5:40p – 6:50p	KEY 04	Keynote Presentation: Pain By Numbers: A+B=Z² Michael R. Clark MD, MPH, MBA Kevin L. Zacharoff MD, FACIP, FACPE, FAAP Stephen J. Ziegler PHD, JD	L4 ● Mont-Royal Ballroom
6:50p – 9:00p		Welcome Reception*	L4 ● Exhibit Hall/Belmont Ballroom

*Not certified for credit



THURSDAY 9.9

7:30a – 8:20a	IPPS 01	The Lesser of Three Evils? Untangling Somatic and Neurologic from Visceral Pain <i>Jorge F. Carrillo</i> MD, FACOG L3 ● Gracia 3
7:30a – 8:20a	PHM 05	NSAID Counterattack, Baby We're Back! <i>Timothy J. Atkinson</i> PHARM D, BCPS, CPE L3 ● Gracia 1
7:30a – 8:20a	SIS 04	OMG OMT! A Guide to Osteopathic Manipulative Treatment <i>Brian E. Kaufman</i> DO L4 ● Nolita 1
8:30a – 9:30a	PDM 09	Beyond Otc Laxatives, Taking a Targeted Approach to Managing Opioid Induced Constipation* <i>Sponsored by Salix Pharmaceuticals</i> Breakfast will be served <i>Joseph V. Pergolizzi, Jr.</i> MD L3 ● Brera Ballroom
9:40a – 11:00a	KEY 06	Digital Therapeutics: Technological Advances in Pain Medicine <i>Douglas Gourlay</i> MD, MSC, FRPC, DFASAM <i>Lantie E. Jorandby</i> MD, DFAPA L4 ● Mont-Royal Ballroom
9:40a – 10:30a	NRO 01	A Face in the Crowd: Trigeminal Neuralgia and Atypical Facial Pain <i>Jennifer Robblee</i> MD, MSC, FRCPC L3 ● Gracia 3
9:40a – 10:30a	PHM 06	On Golden Pond: Geriatric Pain Management <i>Mark P. Garofoli</i> PHARM D, MBA, BCGP, CPE, CTTS L3 ● Gracia 1
9:40a – 10:30a	SIS 05	Bad Breadth: The Role of Bias, Stigma, and Social Determinants in Pain Care <i>Kevin L. Zacharoff</i> MD, FACIP, FACPE, FAAP L4 ● Nolita 1
10:30a – 11:00a		Break and Exhibits
10:30a – 11:20a	PDM 10	Star Trek Laser Pain Relief: An Effective Alternative to Opioids* <i>Sponsored by THOR Photomedicine</i> Refreshments will be served <i>James Carroll</i> L3 ● Castellana
11:00a – 11:50a	IPPS 02	Fire in the Lake: Raging War Over Endometriosis <i>Georgine Lamvu</i> MD MPH L4 ● Nolita 3
11:00a – 11:50a	NRO 02	The Diagnosis in the Back of Your Head: Occipital Neuralgia vs Cervicogenic Headache <i>Paul G. Mathew</i> MD, DNBPAS, FAAN, FAHS L3 ● Gracia 3
11:00a – 11:50a	PHM 07	7mm from Hell: Coping with Kidney Stone Pain <i>Mark P. Garofoli</i> PHARM D, MBA, BCGP, CPE, CTTS L3 ● Gracia 1
11:00a – 11:50a	SIS 06	The Future of Spine Surgery: Getting Smaller, Safer, and Better <i>Sandy Christiansen</i> MD <i>Steven M. Falowski</i> MD <i>Eric T. Lee</i> MD <i>Ramana K. Naidu</i> MD <i>Jason E. Pope</i> MD, DABPM, FIPP <i>Brian Su</i> MD L4 ● Nolita 1
12:30p – 1:30p	PDM 11	Foundation Pain Index: Introduction to a Validated, Multi-Biomarker Test Panel for the Evaluation of Chronic Pain* <i>Sponsored by Ethos Laboratories</i> Lunch will be served <i>Kasra Amirdelfan</i> MD L3 ● Brera Ballroom

*Not certified for credit



THURSDAY 9.9

1:40p – 2:30p	KEY 07	Vaping in the 21st Century: Is There a Safer Way to Deliver Drugs? Douglas Gourlay MD, MSC, FRPC, DFASAM	L3 ● Gracia 1
1:40p – 2:30p	MDL 03	From the Ivory Tower: The Data-Driven Strategy CMS, Health Plans, and State Governments Use to Review a Provider's Clinical Practice Timothy J. Atkinson PHARM D, BCPS, CPE Jennifer Bolen JD	L4 ● Mont-Royal Ballroom
1:40p – 2:30p	NRO 03	Blurring the Lines: Pain and Demyelinating Conditions Charles E. Argoff MD	L3 ● Gracia 3
1:40p – 2:30p	SIS 07	Tell Me Why It Hurts Patricia W. Tsui PHD Kevin L. Zacharoff MD, FACIP, FACPE, FAAP	L4 ● Nolita 1
2:40p – 3:30p	KEY 08	The Fight Has Just Begun: How Covid-19 Has Affected the Opioid Epidemic, Chronic Pain Treatment, and Mental Health Johnathan H. Goree MD	L4 ● Mont-Royal Ballroom
2:40p – 3:30p	NRO 04	Awkward Conversations: Managing Patients with Chronic Pain Paul G. Mathew MD, DNBPAS, FAAN, FAHS	L4 ● Nolita 3
2:40p – 3:30p	SIS 08	Health Literacy, Pain Medicine, and COVID-19: Room for Improvement Eugene Vortsman MD, FACEP	L4 ● Nolita 1
3:40p – 4:30p	PDM 12	Beyond ADFs. OVERDOSE Protection. The Next Generation of Opioids?* <i>Sponsored by ENSYSCE BIOSCIENCES</i> Refreshments will be served Jeffrey A. Gudin MD Lynn Kirkpatrick PHD William Schmidt PHD	L3 ● Castellana
4:40p – 5:30p	MDL 04	Thunder Road: Navigating the Legal Weed Terrain for Pain Management Jennifer Bolen JD	L4 ● Mont-Royal Ballroom
4:40p – 5:30p	NRO 05	A Feather or a Hammer? Pain and Movement Disorders Charles E. Argoff MD	L4 ● Nolita 3
4:40p – 5:30p	PHM 08	Will the Real Fentanyl Please Stand Up? Timothy J. Atkinson PHARM D, BCPS, CPE Jeffrey J. Bettinger PHARM D	L3 ● Gracia 1
5:40p – 6:30p	IPPS 03	When Sitting Hurts: Unraveling Pudendal Neuralgia Mario E. Castellanos MD	L4 ● Nolita 1
5:40p – 6:30p	PHM 09	Hocus Pocus: What Muscle Relaxants Do and Don't Do Jessica Geiger PHARM D, MS, BCPS, CPE Justin G. Kullgren PHARM D, CPE	L3 ● Gracia 1
5:40p – 6:30p	SIS 09	The Dark at the Top of the Stairs: Addressing the Escalation of the Opioid Epidemic Due to COVID-19 Marcelina Jasmine Silva DO	L4 ● Nolita 3
6:30p – 8:30p	POS 01	Scientific Poster Session* Srinivas Nalamachu MD Joseph V. Pergolizzi, Jr. MD	L2 ● Condesa Commons

*Not certified for credit

FRIDAY 9.10

7:30a – 8:30a	BWK 01	The L-Shaped Room: Challenges and Advances Managing Migraine Jennifer Robblee MD, MSC, FRCPC	L3 ● Gracia 3
7:30a – 8:30a	OPT 01	Occupational Therapy and Biopsychosocial Pain Treatment: The "Other Therapy" You Never Knew Your Patients Needed Megan O. Doyle MS, OTR/L, FPS, CERT-APHPT	L4 ● Nolita 3
7:30a – 8:30a	PHM 10	Melt in Your Body, Not in a Needle: A Review of ADF Opioids Mark P. Garofol PHARM D, MBA, BCGP, CPE, CTTS	L3 ● Gracia 1
8:30a – 9:30a	PDM 13	Engaging At-Risk Patients in Conversation* <i>Sponsored by Emergent BioSolutions</i> Breakfast will be served Steve Stanos DO	L3 ● Brera Ballroom
9:40a – 10:30a	BWK 02	Who's on First? Neurologic and Psychiatric Management of Migraine Charles E. Argoff MD Michael R. Clark MD, MPH, MBA	L3 ● Gracia 3
9:40a – 10:30a	INT 01	Surgical Consult: When Pain Management Is Contraindicated Peter G. Pryzbylowski MD	L4 ● Nolita 1
9:40a – 10:30a	KEY 05	2+2 Before: Using New Math to Calculate Opioid Risk Kevin L. Zacharoff MD, FACIP, FACPE, FAAP	L4 ● Mont-Royal Ballroom
9:40a – 10:30a	PHM 11	Sedated and Elated: Treatment Tactics for Refractory Agitation Michelle Krichbaum PHARM D, BCPP Neil Miransky DO	L3 ● Gracia 1
10:30a – 11:00a		Break and Exhibits	
10:40a – 12:00p	POS 02	Poster/Podium Presentations* Srinivas Nalamachu MD Joseph V. Pergolizzi, Jr. MD	L3 ● Gracia 3
11:00a – 11:50a	BWK 03	Mastering Migraine: Examining the Therapeutic Spectrum for Optimal Patient Outcomes Michael J. Marmura MD	L4 ● Nolita 1
11:00a – 11:50a	INT 02	Sacroiliac Joint Dysfunction: Diagnosis, Treatment, and Emerging Therapy Options Sean Li MD	L3 ● Gracia 1
11:00a – 11:50a	SIS 10	Rebalancing Pain Medicine: Improving Care Through a Wider Lens Michael E. Schatman PHD, CPE, DASPE	L4 ● Nolita 3
12:30p – 1:30p	SYM 01	Moving Beyond Conventional to Atypical Opioid Analgesics: Rebalance Benefit-Risk with Buprenorphine <i>This activity is jointly provided by The Center for Independent Healthcare Education and Pharmacom. Supported by an educational grant from BDSI.</i> Jeffrey A. Gudin MD Lynn R. Webster MD	L3 ● Brera Ballroom
1:40p – 2:30p	INT 03	Diabetic Peripheral Neuropathy: Introducing New Interventional Options Sean Li MD	L3 ● Gracia 1

*Not certified for credit

FRIDAY 9.10

1:40p – 2:30p	KEY 09	Urine Drug Testing: Meeting the Test of Medical Necessity Through Patient-Centered Care L4 ● Nolita 1 Douglas Gourlay MD, MSC, FRPC, DFASAM
1:40p – 2:30p	MAS 01	Back Pain: It's All About the Diagnosis L3 ● Gracia 3 David M. Glick DC, DAIPM, CPE, FASPE
1:40p – 2:30p	SIS 11	Tiny Habits for Pain Management: Evidence-Based Behavior Change Models <i>Note: Limited to 40 attendees</i> L4 ● Yaletown 1 Denee Choice MD, MMM, PT
2:40p – 3:30p	INT 04	Electrical Tingles: Neuromodulation for the General Practitioner L4 ● Nolita 1 Peter G. Pryzbylkowski MD
2:40p – 3:30p	OPT 02	Physical Rehabilitation for Patients with Trauma L4 ● Nolita 3 Kathryn A. Schopmeyer DPT, CPE, CSCS
2:40p – 3:30p	BWK 04	Elevator to the Gallows: Trigeminal Autonomic Cephalalgias L3 ● Gracia 1 Paul G. Mathew MD, DNBPAS, FAAN, FAHS
3:40p – 4:30p	PDM 14	MILD: Remove the Problem, Leave Nothing Behind* <i>Sponsored by Vertos Medical</i> Refreshments will be served L3 ● Castellana Peter Pryzbylkowski MD
3:40p – 4:30p	PDM 15	Leveraging Outcomes Data to Inform Product Innovation and Patient Support* <i>Sponsored by Nevro</i> Refreshments will be served L3 ● Brera Ballroom Speaker TBD
4:40p – 5:30p	INT 05	Taking Private Interventional Pain Practices from Good to Great L3 ● Gracia 3 John V. Prunskis MD, FIPP
4:40p – 5:30p	OPT 03	Working the Body: A Whole Health Perspective on Movement and Pain L4 ● Nolita 3 Kathryn A. Schopmeyer DPT, CPE, CSCS
4:40p – 5:30p	PHM 12	A Potpourri of Natural Opioids: Access, Safety, & Regulatory Responsibilities L3 ● Gracia 1 Timothy J. Atkinson PHARM D, BCPS, CPE Jeffrey J. Bettinger PHARM D Jessica Geiger PHARM D, MS, BCPS, CPE
5:40p – 6:30p	PHM 13	No Kidding Around: Pediatric Trauma Care L3 ● Gracia 1 Michelle Krichbaum PHARM D, BCPP Neil Miransky DO
5:40p – 6:30p	SIS 12	A Turning Wind: Women, Pain, and Achieving Health Equity L4 ● Nolita 1 Monica P. Mallampalli PHD, MS
5:40p – 6:30p	SIS 13	The Brain and Neuromodulation in Management of Osteoarthritis Pain L4 ● Nolita 3 Vernon B. Williams FAAN

*Not certified for credit



SATURDAY 9.11

8:40a – 9:30a	ASP 01	The Role of Regenerative Medicine in Low Back Pain Kasra Amirdelfan MD	L3 ● Gracia 3
8:40a – 9:30a	BWK 05	I Can't Hear You: The Association of Subclinical Hearing Loss with Cognitive Performance Justin Golub MD	L3 ● Gracia 1
8:40a – 9:30a	VHA 01	If You Build It: The Progress and Pitfalls of Implementing Pain Management Teams Jennifer L. Murphy PHD Sanjog S. Pangarkar MD Friedhelm Sandbrink MD	L4 ● Nolita 3
9:40a – 10:30a	ASP 02	New Advances in Spinal Cord Stimulation Sean Li MD	L3 ● Gracia 3
9:40a – 10:30a	BWK 06	Up the Down Staircase: Addressing Adherence in Relapsing Bipolar Disorder Sanjai Rao MD, DFAPA	L3 ● Gracia 1
9:40a – 10:30a	KEY 10	Brave New World: Guidelines and Treatment Strategies for Sickle Cell Disease Michelle Krichbaum PHARM D, BCPP Neil Miransky DO	L3 ● Castellana 1
9:40a – 10:30a	VHA 02	Evolution, Not Revolution: Opioid Safety in 2021 Sanjog S. Pangarkar MD Friedhelm Sandbrink MD Robert D. Sproul PHARM D	L4 ● Nolita 3
10:30a – 11:00a		Break	
11:00a – 11:50a	ASP 03	Dorsal Root Ganglion and Peripheral Nerve Stimulation: A More Targeted Approach for Nerve Pain Peter G. Pryzbylkowski MD	L3 ● Gracia 3
11:00a – 11:50a	BWK 07	Diagnosing on the Spectrum: Alzheimer's Disease and Lewy Body Dementia Yasar A. Torres-Yaghi MD	L3 ● Castellana 1
11:00a – 11:50a	PHM 14	Hard 8: Fake MUs! A Review of Atypical Opioid Medications Mark P. Garofoli PHARM D, MBA, BCGP, CPE, CTTS	L3 ● Gracia 1
11:00a – 11:50a	VHA 03	Off Script: Why You Should Write for Behavioral Medicine Jennifer L. Murphy PHD Sanjog S. Pangarkar MD	L4 ● Nolita 3
11:50a – 12:30p		Break	
12:30p – 1:20p	ASP 04	The Future of Minimally Invasive Spine Treatments: Moving from Open Approaches to Less Invasive Procedures Dawood Sayed MD	L3 ● Gracia 3
12:30p – 1:20p	BWK 08	Examining Cannabinoids in the Epilepsy Treatment Spectrum Jay Salpekar MD, FANPA, FAES, DFAACAP	L3 ● Castellana 1

*Not certified for credit



SATURDAY 9.11

12:30p - 1:20p	PHM 15	How Low Can You Go? The Low-Down on Low Dose Analgesics Stephanie Abel PHARM D, BCPS Annabelle Hood PHARM D Tanya J. Uritsky PHARM D	L3 ● Gracia 1
1:30p - 2:20p	PHM 16	A Garden of Earthly Delights: Evaluating OTC Options for Pain Management Stephanie Abel PHARM D, BCPS Annabelle Hood PHARM D Tanya J. Uritsky PHARM D	L3 ● Gracia 1
1:30p - 2:20p	SIS 14	Acupuncture for Pain Management Heidi Reetz MD	L3 ● Castellana 1
1:30p - 2:20p	VHA 04	Being There: Suicide Prevention as Highest Priority Jennifer L. Murphy PHD Elizabeth Oliva Friedhelm Sandbrink MD	L4 ● Nolita 3

*Not certified for credit





the doors of perception

psychedelics

in pain management

maria mangini
wednesday
september 8

fossa





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

Peter A. Abaci MD

Medical Director
Integrated Pain Management Medical Group
Monte Sereno, CA

Nothing to disclose

Alaa Abd-Elseyed MD, MPH, FASA

Associate Professor
University of Wisconsin School of Medicine
and Public Health
Madison, WI

Consulting Fee: Avanos, Medtronic
Contracted Research: Medtronic

Stephanie Abel PHARM D, BCPS

Opioid Stewardship Program Coordinator
University of Kentucky HealthCare
Lexington, KY

Nothing to disclose

Jeremy A. Adler DMSC, PA-C

Clinician and Chief Operating Officer
Pacific Pain Medicine Consultants
Encinitas, CA

Consulting Fee: BioDelivery Bioscience, Galaxo-Smith-Kline, RedHill Pharma
Speakers Bureau: BioDelivery Bioscience, RedHill Pharma

Kasra Amirdelfan MD

Founding Partner
Integrated Pain Management Medical Group
Monte Sereno, CA

Consulting Fee: Mesoblast (consultant); Vivex Laboratories (consultant and SAB member, minor stock options); Regeltec (consultant and minor stock options)
Contracted Research: Mesoblast, Vivex
Stock Shareholder: Regeltec, Vivex (minor options)

Charles E. Argoff MD

Professor of Neurology
Albany Medical College
Albany, NY

Consulting Fee: Amgen, bdsi, Collegium, Grünenthal, Lilly, Lundbeck, Neumentum, Redhill Pharma, Teva, Vertex
Contracted Research: Abbvie, Amgen, Lilly, Teva
Speakers Bureau: Abbvie, Amgen, Biohaven, Grünenthal, Lilly, Lundbeck, RedHill Pharma, Teva

Timothy J. Atkinson PHARM D, BCPS, CPE

Clinical Pharmacy Practitioner, Pain Management
VA Tennessee Valley Healthcare System
Murfreesboro, TN

Consulting Fee: Purdue Pharma LP

Theresa Baxter MSN FNP

Nurse Practitioner, Addiction Consult Team
SUNY Upstate University Hospital, Syracuse
Fayetteville, NY

Nothing to disclose

Jeffrey J. Bettinger PHARM D

Pain Management Clinical Pharmacist
Saratoga Hospital Medical Group
Schenectady, NY

Consulting Fee: Hisamitsu America, Inc., PainScript Corporation

Jennifer Bolen JD

Founder
The Legal Side of Pain
Lenoir City, TN

Consulting Fee: Paradigm Healthcare

Michael M. Bottros MD

Clinical Operations and Medical Director for Pain Services
Keck School of Medicine of the University
of Southern California
Los Angeles, CA

Nothing to disclose

Abigail T. Brooks PHARM D, BCPS

Clinical Pharmacy Specialist, Pain Management
West Palm Beach VA Medical Center
West Palm Beach, FL

Nothing to disclose

Keith A. Candiotti MD

Emanuel M. Papper Professor and Chair
University of Miami Miller School of Medicine
Miami, FL

Consulting Fee: Acacia, Neumentum, Recro Pharma
Contracted Research: Acacia, Heron, Merck, Pfizer

Jorge F. Carrillo MD, FACOG

Associate Professor
University of Central Florida
Orlando, FL

Consulting Fee: AbbVie, Myovant

Mario E. Castellanos MD

Clinical Instructor
University of Arizona College of Medicine
Phoenix, AZ

Nothing to disclose

Denee Choice MD, MMM, PT

Choice Wellness LLC
Senior Medical Director and Sr. Vice President—
Medical Services
American Specialty Health
Columbus, OH

Nothing to disclose



Sandy Christiansen MD

Assistant Professor of Anesthesiology and Perioperative Medicine
Oregon Health Sciences University
Portland, OR

Contracted Research: AVANOS

Paul J. Christo MD, MBA

Associate Professor
Johns Hopkins University School of Medicine
Baltimore, MD

Consulting Fee: Eli Lilly, Exicure, GSK Consumer Healthcare, Y mabs

Michael R. Clark MD, MPH, MBA

Professor of Psychiatry and Behavioral Sciences
George Washington School of Medicine and Health Sciences
Washington, DC

Nothing to disclose

David Cosio PHD, ABPP

Psychologist
Jesse Brown VA Medical Center
Chicago, IL

Nothing to disclose

Ramon L. Cuevas-Trisan MD

Associate Chief of Staff for Education & Research
West Palm Beach VA Medical Center
West Palm Beach, FL

Nothing to disclose

Becky Curtis NBC-HWC, CPMC

Take Courage Coaching
Sandy, UT

Nothing to disclose

Megan O. Doyle MS, OTR/L, FPS, CERT-APHPT

Occupational Therapist
St. Luke's Health System
Boise, ID

Nothing to disclose

Christine J. Easterling MHDS

Administrative Lead and Reiki Practitioner
Cedars Sinai Medical Center
Los Angeles, CA

Nothing to disclose

Steven M. Falowski MD

Brain and Spine Surgeon
Advanced Surgery Center of Lancaster
Lancaster, PA

Consulting Fee: Abbott, CornerLoc, Mainstay, Medtronic, Relievant, Saluda, SPR, SurgenTec, Vertiflex, Vertos

Contracted Research: Abbott, Aurora, CornerLoc, Mainstay, Medtronic, Saluda, Vertiflex

Speakers Bureau: Abbott, Aurora

Stock Shareholder: AGR, Aurora, CornerLoc, PainTeq, Saluda, SPR, Stimgenics, Thermaquil

Royalty: Aurora

Mark P. Garofoli PHARMD, MBA, BCGP, CPE, CTTS

Assistant Professor & Clinical Pain Management Pharmacist
West Virginia University School of Medicine
Morgantown, WV

Consulting Fee: HealthXL, Speranza

Other: Expert Witness: Cardinal Health

Jessica Geiger PHARMD, MS, BCPS, CPE

Palliative Care Pharmacist
PGY2 Pain and Palliative Care Residency Program Director
OhioHealth
Powell, OH

Nothing to disclose

David M. Glick DC, DAIPM, CPE, FASPE

Medical Director
HealthQ2
Lewes, DE

Nothing to disclose

Justin S. Golub MD

Associate Professor
Columbia University Irving Medical Center
New York, NY

Consulting Fee: Alcon, Decibel, Optinose

Honoraria: Abbott

Johnathan H. Goree MD

Assistant Professor
Director of Chronic Pain Division
University of Arkansas College of Medicine
Little Rock, AK

Consulting Fee: Abbott, Stratus Medical

Contracted Research: SPR Therapeutics

Douglas Gourlay MD, MSC, FRPC, DFASAM

Educator, Pain and Chemical Dependency
Former Director, Wasser Pain Centre
Toronto, Ontario, Canada

Nothing to disclose

Abhishek Gupta DO

Clinical Assistant Professor
Stony Brook University Hospital
Stony Brook, NY

Nothing to disclose

Mayank Gupta MD

President & CEO
Kansas Pain Management & Neuroscience Research Center, LLC
Overland Park, KS

Consulting Fee: Averitas Pharma, Biotronik Pharma, Foundation Fusion Solutions, Inc. (CornerLoc), Nalu Medical, Nevro Corp., SPR Therapeutics, Inc.

Contracted Research: Averitas Pharma, Biotronik, Inc., Foundation Fusion Solutions, Inc. (CornerLoc), Medtronic, Nalu Medical, Nevro Corp., SPR Therapeutics, Inc., Vertos, Inc.

Speakers Bureau: Averitas Pharma, Foundation Fusion Solutions, Inc. (CornerLoc), Nalu Medical, Nevro Corp.



Jennifer M. Hah MD, MS

Assistant Professor
Stanford University
Stanford, CA

Consulting Fee: Nalu Medical, SPR Therapeutics

Phyllis L. Hendry MD, FAAP, FACEP

Associate Chair EM Research, Professor
University of Florida College of Medicine-Jacksonville
Department of Emergency Medicine
Jacksonville, FL

Nothing to disclose

Annabelle Hood PHARM.D, BCACP

Clinical Pharmacy Specialist - Pain Management
Cleveland Clinic
Cleveland, OH

Nothing to disclose

Lantie E. Jorandby MD, DFAPA

Chief Medical Officer
Lakeview Health
Amelia Island, FL

Nothing to disclose

Terri Jorgenson RPH, BCPS

National Program Manager, Clinical Pharmacy Practice
Department of Veterans Affairs
Pharmacy Benefits Management
Bel Air, MD

Nothing to disclose

Brian E. Kaufman DO

Granite State Pain Associates
Kennebunk, ME

Nothing to disclose

Nebojsa Nick Knezevic MD, PHD

Clinical Professor of Anesthesiology & Surgery
College of Medicine, University of Illinois Chicago
Chicago, IL

Nothing to disclose

Courtney M. Kominek PHARM.D, BCPS, CPE

Clinical Pharmacy Specialist—Pain Management
Harry S. Truman Memorial Veterans Hospital
Columbia, MO

Honoraria: Quest Diagnostics

Michelle Krichbaum PHARM.D, BCPP

Clinical Coordinator Pain Management
and Behavioral Health
Broward Health Medical Center
Ft. Lauderdale, FL

Nothing to disclose

Justin G. Kullgren PHARM.D, CPE

Pain and Palliative Care Clinical Specialist
Ohio State
Columbus, OH

Nothing to disclose

Georgine Lamvu MD MPH

Professor of Obstetrics and Gynecology
University of Central Florida
Windermere, FL

Consulting Fee: Abbvie, Myovant, SoLa Pelvic Therapy

Eric T. Lee MD

President
Pacific Spine Pain Society
San Francisco, CA

Consulting Fee: Abbott Medical, Boston Scientific, Nalu,
Saluda Medical

Contracted Research: Abbott Medical, Saluda Medical

Sean Li MD

Regional Medical Director
National Spine and Pain Centers
Lincroft, NJ

Consulting Fee: Abbott, Avanos, Biotronik, Boston Scientific,
Gruenthal, Nalu, Nevro, PainTeq, Saluda, si Bone, SPR Therapeu-
tics, Vertos

Contracted Research: Avanos, Biotronik, Boston Scientific, Nalu,
Nevro, PainTeq, Saluda, SPR Therapeutics

Stock Shareholder: Nalu, National Spine and Pain Centers

Joanne V. Loewy DA, LCAT, MT-BC

Director
The Louis Armstrong Ctr for Music and Medicine/
Mount Sinai Beth Israel
New York, NY

Nothing to disclose

Monica P. Mallampalli PHD, MS

Senior Scientific Advisor
HealthyWomen.org
Ellicott City, MD

Nothing to disclose

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

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

Speakers Bureau: Allergan (AbbVie), Eli Lilly, Salix

Maria Mangini PHD, FNP

Professor Emerita of Nursing
Holy Names University
Oakland, CA

Nothing to disclose



Michael J. Marmura MD

Associate Professor
Thomas Jefferson University
Philadelphia, PA

Consulting Fee: Amgen, electroCore, Eli Lilly, Lundbeck, Novartis, Theranica
Contracted Research: Allergan/AbbVie, Teva
Honoraria: Lundbeck
Speakers Bureau: Amgen, Eli Lilly, Novartis

Paul G. Mathew MD, DNBPAS, FAAN, FAHS

Assistant Professor of Neurology
Harvard Medical School
Harvard Vanguard Medical Associates
Brigham & Women's Hospital
Braintree, MA

Consulting Fee: Allergan, Amgen, Biohaven, Impel, Lilly, Revance, Satsuma, Stealth BioTherapeutics, Supernus, Takeda, Theranica

Laura Meyer-Junco PHARM.D, BCPS, CPE

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

Nothing to disclose

Neil Miransky DO

Medical Director, Hospice and Palliative Care
Broward Health Medical Center
Ft. Lauderdale, FL

Nothing to disclose

John Mondanaro PH.D, LCAT, MT-BC, CCLS

Clinical Director
Louis Armstrong Department of Music Therapy
New York, NY

Nothing to disclose

Jennifer L. Murphy PH.D

Director Behavioral Pain Medicine
Pain Management Opioid Safety PDMP
Veterans Health Administration
Tampa, FL

Consulting Fee: Karuna Labs (previous/2019, not current)

Ramana K. Naidu MD

Medical Director of Pain Management
for MarinHealth Medical Center
California Orthopedics & Spine
Larkspur, CA

Consulting Fee: Abbott, Avanos, Bicycle Health, Biotronik, Boston Scientific, Medtronic, Nalu, Relievant, SPR Therapeutics, Vertos

Contracted Research: Abbott, Boston Scientific, Nalu

Speakers Bureau: Avanos, Omnia Medical, Sonosite

Stock Shareholder: Exer AI, KarunaLabs

Elizabeth Oliva PH.D

Investigator
VA Center for Innovation to Implementation
Palo Alto, CA

Consulting Fee: Abbott, Aurora Spine, Ethos, Flowonix, Medtronic, Painteq, Saluda, SPARK, SPR Therapeutics, Tersera, Thermaquil, Vertos, WISE

Contracted Research: Abbott, AIS, Aurora Spine, Boston Scientific, Celeri Health, Ethos Labs, Flowonix, Medtronic, Painteq, Saluda, Thermaquil, Vertos, Spark

Stock Shareholder: AGR, Aurora Spine, Celeri Health, NIS, PainTeq, Spark, SpineThera, Thermaquil, Vertos

Sanjog S. Pangarkar MD

Clinical Professor of Medicine
Veterans Health Administration
Los Angeles, CA

Nothing to disclose

Jason E. Pope MD, DABPM, FIPP

President
Evolve Restorative Center
Santa Rosa, CA

Nothing to disclose

Ravi Prasad PH.D

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

Nothing to disclose

John V. Prunskis MD, FIPP

Medical Director
Illinois Pain & Spine Institute
Barrington, IL

Nothing to disclose

Peter G. Pryzbylkowski MD

Interventional Pain Specialist
Relievus
Haddon Heights, NJ

Consulting Fee: Camber Spine, Nevro, Vertos

Sanjai Rao MD, DFAPA

Associate Clinical Professor of Psychiatry and Associate
Residency Training Director
University of California, San Diego
San Diego, CA

Consulting Fee: Alkermes, Janssen

Speakers Bureau: Alkermes, Janssen, Neurocrine, Otsuka, Sunovion

Heidi Reetz MD

Assistant Clinical Professor
UCSF School of Medicine
UCSF Pain Management Center
San Francisco, CA

Stock Shareholder: Braxia Scientific Corp, COMPASS Pathways Plc, Hollister Biosciences Inc, MindMed Inc



Jennifer Robblee MD, MSC, FRCPC
 Assistant Professor
 Headache Program
 Jan & Tom Lewis Migraine Treatment Program
 Phoenix, AZ

Contracted Research: Eli Lilly site principal investigator (no payment)

Andrew R. Rossetti PHD, LCAT, MT-BC
 Radiation Oncology Supervisor, Music Therapist
 Icahn School of Medicine at Mount Sinai
 New York, NY

Nothing to disclose

Jay Salpekar MD, FANPA, FAES, DFAACAP
 Associate Professor of Psychiatry and Neurology
 Johns Hopkins University School of Medicine
 Baltimore, MD

Contracted Research: Lundbeck (investigator initiated protocol, institution funding only, not currently active)

Friedhelm Sandbrink MD
 National Program Director
 Dept of Veterans Affairs
 Washington, DC

Nothing to disclose

Dawood Sayed MD
 President
 The American Society of Pain and Neuroscience
 Kansas City, KS

Consulting Fee: Abbott, Mainstay, Medtronic, Nevro, PainTeq, SPR, Surgentec, Vertos
Stock Shareholder: PainTeq, SPR, Vertos

Michael E. Schatman PHD, CPE, DASPE
 Editor-in-Chief
Journal of Pain Research
 NYU School of Medicine
 New York, NY

Nothing to disclose

Magda Schmitzberger MPH, CPH
 Project Manager
 University of Florida College of Medicine-Jacksonville
 Jacksonville, FL

Nothing to disclose

Kathryn A. Schopmeyer DPT, CPE, CSCS
 Physical Therapy Program Coordinator
 for Pain Management
 San Francisco VA Healthcare System
 San Francisco, CA

Nothing to disclose

Samantha J. Seivert PHARM D
 Pharmacy Resident
 Novant Health New Hanover Medical Center
 Wilmington, NC

Nothing to disclose

Marcelina Jasmine Silva DO
 Medical Director
 Integrative Pain Management
 Walnut Creek, CA

Nothing to disclose

Brett B. Snodgrass FNP-C, CPE, ACHPN, FAANP
 Palliative Care Operations Director
 Baptist Health Systems
 Memphis, TN

Speakers Bureau: Salix Pharmaceuticals

Natalie Spindle MS, CHES
 Health Educator
 University of Florida College of Medicine-Jacksonville
 Jacksonville, FL

Nothing to disclose

Robert D. Sproul PHARM D
 Program Director
 Department of Veterans Affairs
 Orlando, FL

Nothing to disclose

Brian Su MD
 Co-Surgeon in Chief
 California Orthopedics & Spine
 Larkspur, CA

Nothing to disclose

Douglas Suffield MACOM, DIPLOM, LAC
 Pain Educator/Training Specialist
 Emergency Medicine, University of Florida
 College of Medicine Jacksonville
 Jacksonville, FL

Nothing to disclose

Leah Tobey PT, DPT, MBA
 Physical Therapist
 University of Arkansas for Medical Science
 Little Rock, AK

Nothing to disclose

Yasar A. Torres-Yaghi MD
 Assistant Professor
 Georgetown University Medical Center
 Washington, DC

Consulting Fee/Speakers Bureau: Abbott, AbbVIE, Acadia, Acorda, Adamas, Amneal, BioGen, Medtronic, USWORLDMEDS



World's Saxiest Man!

Jeffrey Fudin MD

Patricia W. Tsui PHD

Clinical Psychologist and Assistant Professor
Columbia University Irving Medical Center
and NY Presbyterian Hospital
Port Jefferson Station, NY

Nothing to disclose

Tanya J. Uritsky PHARM.D

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

Consulting Fee: AcelRx

Eugene Vortsman DO, FACEP

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

Consulting Fee: Enalare Therapeutics
Stock Shareholder: Moderna

Vernon B. Williams FAAN

Director, Center for Sports Neurology and Pain Medicine
Cedars Sinai Kerlan-Jobe Institute
Los Angeles, CA

Nothing to disclose

Kevin L. Zacharoff MD, FACIP, FACPE, FAAP

Faculty and Clinical Instructor Course Director
Pain and Addiction Distinguished Visiting Scholar
in Medical Humanities, Compassionate Care,
and Bioethics

Nothing to disclose

Stephen J. Ziegler PHD, JD

Professor Emeritus
Purdue University
Lincoln, NE

Nothing to disclose

Scientific Poster Session Chairs

Srinivas Nalamachu MD

Co-Chair
PAINWeek Scientific Session
Overland Park, KS

Joseph V. Pergolizzi, Jr. MD

Co-Chair
PAINWeek Scientific Session
Naples, FL





**using
focused
acceptance
and
commitment
therapy in
primary
care**

david cosio

tues sept 7

fossa





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 2021 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/painweek2021.

- **Properly worn face masks—covering nose and mouth—will be required during all programs except when actively eating or drinking.**

Non-CME programs not certified for credit

PDM-01 Breakfast will be served **Optimizing Medical Management of Neuropathic Pain:**

Case Studies Addressing Modern Care Challenges with Painful Diabetic Peripheral Neuropathy of the Feet

Sponsored by **Averitas Pharma**

Alaa A. Abd-Elseyed MD ● Charles E. Argoff MD ●

Mayank Gupta MD

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

Contact: Lizandra Marcondes (561) 303-7721

Lizandra.Marcondes@grunenthal.com

PDM-02 Lunch will be served

Opioid Induced Constipation - A Prescription Approach for a Different Type of Constipation

Sponsored by **RedHill Biopharma**

Anjali Desai MD

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

Contact: Melvin Stove (704) 302-3790

mstove@redhillus.com

PDM-03 Refreshments will be served **A Discussion of Non-Oral Delivery for the Acute Treatment of Migraine**

Sponsored by **Impel NeuroPharma**

Charles E. Argoff MD

Tue ● 3:40p – 4:30p L3 ● Castellana

Contact: Megan Drew (317) 698-9293

mdrew@impelnp.com

PDM-04 Breakfast will be served **An Oral CGRP Antagonist for the Acute Treatment of Migraine**

Sponsored by **AbbVie**

Christopher Rhyne MD

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

Contact: Mary McGrath (732) 559-4641

mmcgrath@medforce.net

PDM-05 Refreshments will be served

The Sana Device: An Effective Non-Drug Option Submitting to FDA for Clearance in the Management of Pain, Sleep, and Anxiety

Sponsored by **Sana Health**

Martin Cheatle PhD Richard Hanbury

Wed ● 10:30a – 11:20a L3 ● Castellana

Contact: Erin G. Friedman (406) 370-0829

erin@sana.io



PDM-06 Lunch will be served
**Addressing Unmet Needs of
 Chronic Pain Patients Taking Opioid Therapy**

Sponsored by BioDelivery Sciences International, Inc

Ketan Patel MD

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

Contact: p-Value Communications (973) 358-4581
 agrabow@pvaluecomm.com

PDM-07 Refreshments will be served
**The Role of a Once-Daily Intravenous
 Non-Opioid Option**

Sponsored by Baudax Bio, Inc.

Miguel de la Garza MD

Wed ● 3:40p – 4:30p L3 ● Castellana

Contact: Kelly Lawrence (610) 389-0370
 klawrence@baudaxbio.com

PDM-08 Refreshments will be served
**Opioid Induced Constipation - A Prescription Approach
 for a Different Type of Constipation**

Sponsored by RedHill Biopharma

Charles McLeskey MD

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

Contact: Melvin Stove (704) 302-3790
 mstove@redhillus.com

PDM-09 Breakfast will be served
**Beyond OTC Laxatives: Taking a Targeted Approach to
 Managing Opioid Induced Constipation**

Sponsored by Salix Pharmaceuticals

Joseph V. Pergolizzi, Jr. MD

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

Contact: Michele Dahan (908) 541-1312
 michele.dahan@bausch.com

PDM-10 Refreshments will be served
Star Trek Laser Pain Relief:

An Effective Alternative to Opioids

Sponsored by THOR Photomedicine

James Carroll

Thur ● 10:30a – 11:20a L3 ● Castellana

Contact: Mark Granic (877) 355-3151 ● mark.granic@
 thorlaser.com

PDM-11 Lunch will be served
Foundation Pain Index -

Introduction to a Validated, Multi-Biomarker Test Panel for
 the Evaluation of Chronic Pain

Sponsored by Ethos Laboratories

Kasra Amirdelfan MD

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

Contact: Majors Badgett (877) 496-2570
 Majors.Badgett@ethos-labs.com

PDM-12 Refreshments will be served
Beyond ADFs. OVERDOSE Protection.

The Next Generation of Opioids?

Sponsored by ENSYSCE BIOSCIENCES

Jeffrey A. Gudin MD ● Lynn Kirkpatrick PHD ●

William Schmidt PHD

Thur ● 3:40p – 4:30p L3 ● Castellana

Contact: Geoff Birkett (484) 467-1285
 gbirkett@ensysce.com

PDM-13 Breakfast will be served
Engaging At-Risk Patients in Conversation

Sponsored by Emergent BioSolutions

Steve Stanos DO

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

For contact information, please see PAINWeek App.

PDM-14 Refreshments will be served
MILD: Remove the Problem, Leave Nothing Behind

Sponsored by Vertos Medical

Peter Pryzbylkowski MD

Fri ● 3:40p – 4:30p L3 ● Castellana

Contact: Haley DeBarge (310) 293-2927
 hdebarge@vertosmed.com

PDM-15 Refreshments will be served
**Leveraging Outcomes Data to Inform Product
 Innovation and Patient Support**

Sponsored by Nevro

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

For contact information, please see PAINWeek App.



CME activity certified for credit

SYM-01 Lunch will be served
**Moving Beyond Conventional to Atypical Opioid
 Analgesics: Rebalance Benefit-Risk with Buprenorphine**

This activity is jointly provided by Center for Independent

Healthcare Education and PharmaCom Group, Inc.

Supported by an educational grant from BioDelivery Sciences
International, Inc.

Jeffrey A. Gudin MD ● Lynn R. Webster MD

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

Contact: Stephanie Lee (978) 886-0064
 slee@pharmacomgroup.com



abbvie

Invites You to a Breakfast Product Theater

UBRELVY[®]
(ubrogepant) tablets | 50mg
100mg

Presented by: **Christopher Rhyne, MD**
Diamond Clinic, Chicago, IL



Wednesday, September 8, 2021
8:30 am – 9:30 am PT

Brera Ballroom, Level 3
The Cosmopolitan of Las Vegas
3708 Las Vegas Boulevard South
Las Vegas, NV 89109

For information and full Prescribing Information, please visit ubrelvyhcp.com.
This program does not offer CE/CME credits. This Product Theater is independent of PAINWeek.

This promotional event is brought to you by AbbVie and is not certified for continuing medical education. The speaker is a paid consultant presenting on behalf of AbbVie, and the information being presented is consistent with FDA guidelines.

This event is conducted in accordance with industry guidelines. Attendance is limited to HCPs with a specialty that aligns to the content of this material, and therefore require this education to provide patient care according to FDA-approved labeling.

AbbVie abides by applicable federal and state laws which may prohibit or limit the ability of government employees and certain healthcare professionals to accept items of value, including meals, from AbbVie. Please comply with applicable law. Meals provided may be reportable to comply with applicable law.

UBRELVY[®] is a registered trademark of Allergan Pharmaceuticals International Limited, an AbbVie company.
© 2021 AbbVie. All rights reserved.
UBR149369 09/21



SALIX PHARMACEUTICALS INVITES YOU TO A BREAKFAST PRODUCT THEATER ON

BEYOND OTC LAXATIVES



TAKING A TARGETED APPROACH TO MANAGING OPIOID-INDUCED CONSTIPATION

JOSEPH V. PERGOLIZZI, JR., MD

Chief Operating Officer
NEMA Research, Naples, Florida

THURSDAY, SEPTEMBER 9, 2021

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.

If you are licensed in any state or other jurisdiction (eg, VT, Wash. DC, ME, MN) or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements. Your name, the value, and the purpose of any educational item, meal, or other items of value you receive may be reported as required by state or federal law. Once reported, this information may be publicly accessible.

Thank you for your cooperation.

This product theater is independent of PAINWeek®.

PRESENTED BY

Salix
PHARMACEUTICALS

Salix Pharmaceuticals
400 Somerset Corporate Boulevard
Bridgewater, NJ 08807
www.salix.com

©2021 Salix Pharmaceuticals
or its affiliates.
REL.0098.USA.21



ENSYSCE BIOSCIENCES

Invites You to an Afternoon Product Theater

Beyond ADFs: OVERDOSE PROTECTION...

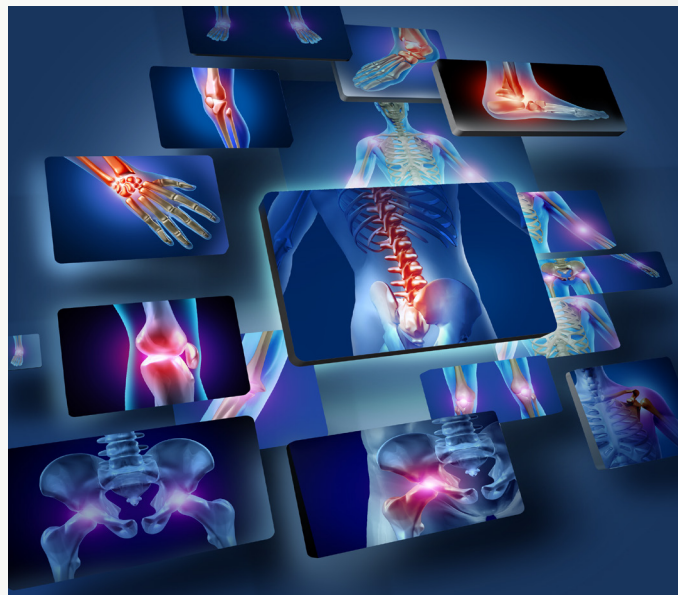
The Next Generation of Abuse-Deterrent Opioids

Presented by:

Dr. J Gudin

Dr. W Schmidt

Dr. L Kirkpatrick



Thursday, September 9, 2021

3:40 pm – 4:30 pm PT

Castellana 1 Ballroom, Level 3
The Cosmopolitan of Las Vegas

This PDM is independent of PAINWeek.
This program does not offer CE/CME credits.

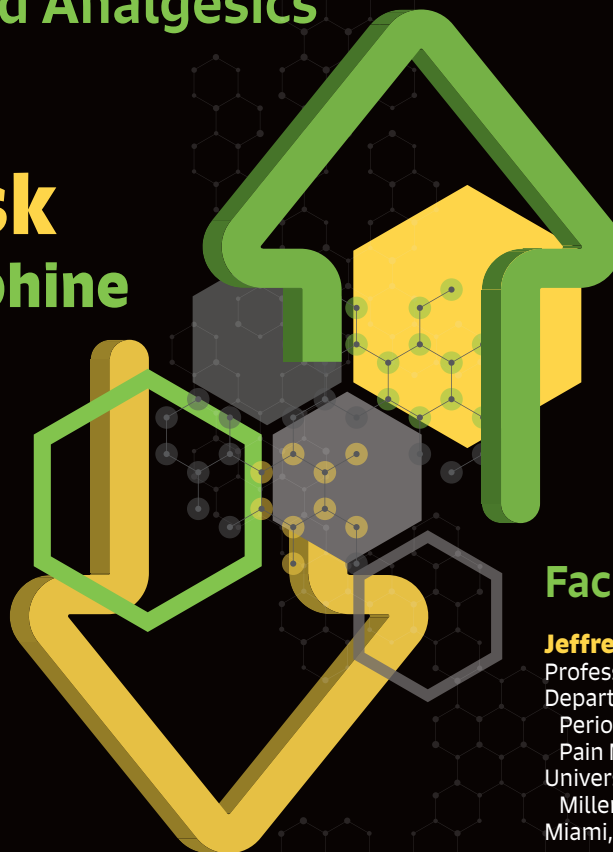
Ensysce abides by applicable federal and state laws which may prohibit or limit the ability of government employees and certain healthcare professionals to accept items of value, including meals, from Ensysce. Please comply with applicable laws. Meals provided may be reportable to comply with applicable law.



Please join us for a CME/CE satellite lunch symposium

Moving Beyond Conventional to Atypical Opioid Analgesics

Rebalance Benefit-Risk with Buprenorphine



Friday,
September 10, 2021

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

Jeffrey A. Gudin, MD

Professor,
Department of Anesthesiology,
Perioperative Medicine and
Pain Management,
University of Miami,
Miller School of Medicine,
Miami, Florida

Lynn R. Webster, MD

Senior Fellow,
Center for U.S. Policy,
Washington DC

Learning Objectives

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

- Describe the pharmacologic and safety differences between conventional and atypical opioids.
- Select appropriate patients who would benefit from buprenorphine as a first-line opioid analgesic.
- Apply a strategy to transition opioid therapy from full mu-opioid analgesics to buprenorphine when appropriate.

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 Center for Independent Healthcare Education (Center) and PharmaCom Group. Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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.

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



Supported by an educational grant from BioDelivery Sciences International, Inc.

This satellite symposium is independent of PAINWeek®

Physician Assistants

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

Nurse Practitioners

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

Pharmacists

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

ACPE UAN: 0473-9999-21-006-L08 Activity type: Application



MICHELLE KRICHBAUM
NEIL MIRANSKY

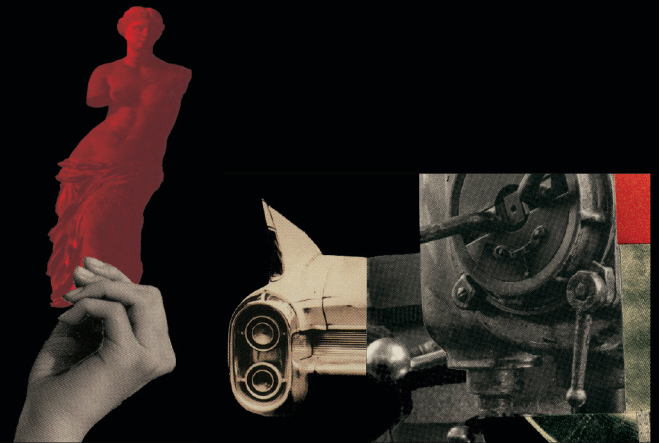
SEDATED AND ELATED

TREATMENT
TACTICS
FOR REFRACTORY
AGITATION

FRIDAY
SEPT 10

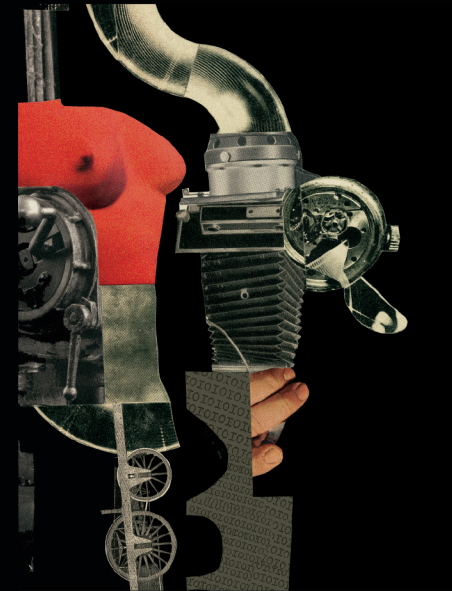
fossa





COURSE DESCRIPTIONS

19 3/8	18 1/8
18 1/8	21 5/8
14 3/4	15 1/2
14	9 1/8
12	46 3/4
12 1/8	37 5/8
17 7/8	20 3/8
16 3/4	22 1/4
11 3/4	13 1/8
15 7/8	33
3 5/8	1 1/2



TRACK KEY

ACU

Acute Pain Management

APP

Advanced Practice Provider

ASIPP

American Society of Interventional Pain Physicians

ASPN

American Society of Pain and Neuroscience

BHV

Behavioral Pain Management

BWK

BRAINWeek Presentation

CPS

Chronic Pain Syndromes

HLC

Healthcare Coaching

INT

Interventional Pain Management

IPPS

International Pelvic Pain Society

KEY

Key Topic

MAS

Master Class

MDL

Medical/Legal

NRO

Neurology

OPT

Occupational and Physical Therapy

PBF

Pain Basics Forum

PHM

Pharmacotherapy

POS*

Poster Session

SIS

Special Interest Session

SYM

Symposia

VHA

Veterans Health Administration

*Not certified for credit



ACU-01

Acute Care for Patients Admitted to the Hospital with Opioid Use Disorder

Theresa Baxter

Wed ● 7:30a – 8:20a

L4 ● Nolita 3

The opioid overdose crisis is heading in the wrong direction, with over 81,000 drug overdose deaths in the United States in the 12 months ending May 2020. Healthcare providers will want to familiarize themselves with MOUD—medication to treat opioid use disorder—as more patients are likely to be prescribed them. Patients coming to the hospital for emergent or planned procedures, or with an acute pain condition, may present unique challenges for the medical team. The patient may have altered nociception thresholds, increased opioid tolerance, and behavioral issues. This session will cover key principles including pre-admission planning when possible; optimizing a pain management regimen by providing multimodal analgesia and management of MOUD; coordination of care prior to admission and during discharge planning; treatment planning that includes the patient and providers; and ensuring a safe discharge plan and coordination with ambulatory team.

ACU-02

An Integrative Pain Management Toolkit Initiative for Emergency Department and Hospital Patients

Phyllis L. Hendry ● Magda Schmitzberger ● Natalie Spindle

Wed ● 9:40a – 10:30a

L3 ● Gracia 1

Empowering patients to feel confident in managing their pain is an important goal for healthcare systems amidst the opioid epidemic and rising incidence of overdoses and deaths since the start of the COVID-19 pandemic. To promote the use of alternatives to opioids, the Pain Assessment and Management Initiative (PAMI) at the University of Florida College of Medicine—Jacksonville developed a pain discharge toolkit and carts for resource access in the ED and hospital settings. Each patient toolkit is tailored to patient need, pain type, and comorbidities based on provider or staff assessment or pain coach consultation. This initiative required navigation of compliance issues, product selection and educational content, vendor negotiations, and feedback from multidisciplinary healthcare providers. This presentation will cover lessons learned and best practices regarding toolkit development for use in the hospital or at discharge to promote the use of alternatives to opioids.

ACU-03

Acute Post-Operative Pain: Current Practice, Novel & Upcoming Analgesic Options, and Drug Development

Keith A. Candiotti

Wed ● 11:00a – 11:50a

L3 ● Gracia 1

The ongoing opioid crisis in the us requires clinicians to strike a balance between the benefits of adequate postsurgical analgesia and opioid related risks. This balance is not limited to the immediate post-operative period, but extends to potential prolonged opioid usage. The objectives of post-operative pain management include efficacious and safe analgesia to minimize suffering while aiming to spare and replace opioids; promoting functional recovery and mobility enabling early discharge; and providing options for continued opioid-free

regimens at discharge while avoiding a transition from acute to chronic pain. In this session, new treatment guidelines and their impact on clinical practice will be critically reviewed, along with recently approved analgesics for acute pain that provide opportunities but may also have drawbacks. For new development candidates, suitable regulatory guidance is required to support appropriate methods, endpoints, and labeling targets related to reduction or replacement of opioids.

ACU-04

Reiki for Relaxation and Pain Relief in the Acute Care Setting

Christine J. Easterling

Wed ● 1:40p – 2:30p

L4 ● Nolita 3

Consumer demand, the opioid crisis, requirements from the Joint Commission, and now recovering from the COVID-19 pandemic...integrative options are needed more than ever to support wellness and promote overall health. Reiki, a gentle touch therapy for balancing energy and self-healing, is used to help reduce pain and anxiety, and aid symptom relief and sleep. Each of the top 10 hospitals in the country has a reiki program. This course will review the reiki program at Cedars Sinai Medical Center in Los Angeles, examine pain outcomes, and explore the value of reiki in the acute care setting including patient-centered care, employee wellness, and leveraging technology to deliver reiki.

APP-01

The Doors of Perception: Psychedelics in Pain Management

Maria Mangini

Wed ● 9:40a – 10:30a

L3 ● Gracia 3

Psychedelics in pain management: fad or new frontier? Early experimentation with LSD as a new tool for psychiatry began almost immediately after its psychoactive properties were identified. We are now seeing departments within schools of medicine, such as Johns Hopkins Center for Psychedelic and Consciousness Research and the University of California Berkeley Center for the Science of Psychedelics, prepared to invest great resources into research on psychedelics. As the disciplines of psychiatry and psychology play an integral role in multidisciplinary pain management, this alone could be a rationale to explore the use of psychedelics in pain management. The mind-altering qualities of psychedelics have been attributed, through serotonin-2A receptor (5-HT2A) activation, to alterations in regions of the brain known to play prominent roles in pain perception and neuropathic states. This lecture will provide a brief overview of the history of psychedelics in medicine, discuss where psychedelics work in the body, and explore the uses of psychedelics in psychiatry and proposed uses in pain management.

APP-02

Chronic Pain in the Year of a Pandemic: Advanced Practice Provider Edition

Brett B. Snodgrass

Wed ● 11:00a – 11:50a

L3 ● Gracia 3

2020 was an unprecedented year. What happened in the world of chronic pain during the pandemic? What has changed and



what has stayed the same? This session is for the advanced practice provider, and we will talk about what we've learned and how our practice of chronic pain has changed. We'll discuss how to take better care of ourselves and our patients moving forward.

APP-03

So, You Checked the PDMP. Now What?

Jeremy A. Adler

Wed ● 2:40p – 3:30p

L3 ● Gracia 3

The United States continues to struggle to find effective and enduring strategies when approaching the opioid crisis. One significant area of concern is the diversion of opioids from legitimate medical practice. Although many states have had operational programs to monitor dispensed prescription opioids for decades, historically the design of these programs was to monitor the prescribers, not patients. Over the last 2 decades, prescription drug monitoring programs (PDMPs) have been somewhat repurposed and are now featured as one of the primary tools for healthcare professionals to combat inappropriate prescribing. PDMPs have received strong support and, not only does nearly every opioid guideline support them, in some jurisdictions it has become a legal requirement. This session will highlight the history of these programs, the evidence pertaining to their benefits and risks, as well as case studies and clinical pearls from the front line.

APP-04

Ain't No Honky-Tonk: Medical Cannabis for Pain Management

Theresa Mallick-Searle

Wed ● 4:40p – 5:30p

L3 ● Gracia 3

We have heard about cannabis, we know a little about the differences between THC and CBD, we have a vague grasp of the endocannabinoid system. Now, your patient wants to try cannabis. What are the basics that you need to know? Is this you: "I am a busy clinician and I have 15 minutes to learn all that I need to know about cannabis." This updated lecture will provide the basics that they need to safely discuss medical cannabis, including how it works and which conditions it treats, and provide patients with the essentials to move forward safely without harm.

ASIPP-01

Treatment Algorithm for Managing Chronic Back Pain in the Elderly Population

Mayank Gupta

Tue ● 7:30a – 8:20a

L3 ● Gracia 3

In this presentation, we will identify conditions that contribute to chronic back pain in the elderly population and how to assess and identify the best methods for treatment. Evidence suggests that the prevalence of severe and chronic lower back pain increases as people age. This population is more susceptible to developing certain lower back pain conditions such as tumors, lumbar spinal stenosis, and vertebral fractures caused by osteoporosis. They may be adversely affected by age-related changes, whether physical, psychological, or mental. Additionally, we will examine treatment barriers and challenges faced

by healthcare professionals. We will discuss evidence-based treatment algorithms for managing chronic pain in elderly patients and overcoming challenges associated with comorbid conditions.

ASIPP-02

Interventional Options for Refractory Migraine and Cervicogenic Headaches

Nebojsa Nick Knezevic

Tue ● 9:40a – 10:30a

L3 ● Gracia 3

Migraines are a highly prevalent condition, affecting 12% of the population. Cervicogenic headaches are chronic and recurrent and present as unilateral pain starting in the neck, accompanied by reduced range of motion. These headaches manifest as referred pain arising from irritation caused by cervical structures innervated by c1-3 spinal nerves. Physical therapy is considered the first line of treatment. Spinal manipulative therapy and therapeutic exercise regimens are effective in treating headache. We will discuss interventional pain modalities, such as peripheral nerve stimulation, third occipital nerve block, lesser occipital nerve block, greater occipital nerve block, sphenopalatine block, radiofrequency ablation, and cervical epidural steroid injections. Various approaches to cervicogenic headaches will be reviewed, including lateral atlantoaxial joint intra-articular injections and C2 nerve root coblation.

ASIPP-03

Postsurgical Neuralgia: Diagnosis and Treatment

Alaa Abd-Elsayed

Tue ● 1:40p – 2:30p

L3 ● Gracia 3

This will be a comprehensive presentation on surgical neuralgia, and we will discuss risk factors that can increase the incidence of the condition. We also discuss mechanisms, why the condition may develop, and appropriate measures taken preemptively to reduce the incidence. We will present in detail the symptoms and signs providers should look for to make the diagnosis and tests to order to aid in confirming the diagnosis. Modalities for treating postsurgical neuralgia, starting with conservative management, will be discussed along with potentially progressing to invasive interventions.

ASPN-01

The Role of Regenerative Medicine in Low Back Pain

Kasra Amirdelfan

Sat ● 8:40a – 9:30a

L3 ● Gracia 3

This presentation will cover some of the most recent evidence in the treatment of lumbar degenerative disc disease and low back pain with recently developed biological products. The robust evolving evidence will provide clinicians with new methods to treat lumbar degenerative disc disease and slow the progression of disease while avoiding more involved and potentially irreversible interventions. The early data are promising for the advent of a new path to change the standard of care algorithm in patients with chronic low back pain due to mild to moderate lumbar degenerative disc disease.



ASPN-02

New Advances in Spinal Cord Stimulation

Sean Li

Sat ● 9:40a – 10:30a L3 ● Gracia 3

Since the Roman empire, electricity has been used in the field of medicine for treating pain. In the era of modern medicine, the field of neuromodulation has entered its renaissance with the introduction of novel wave forms and targets, new indications, and hardware. This ripple effect has provided clinicians with new tools to treat chronic pain patients, challenged our current understanding of neurostimulation, and aided efforts to confront the opioid epidemic. This presentation will review the history of neuromodulation, current theories on mechanism of action and available technologies, and showcase emerging innovations. Key topics will include stimulation algorithms such as closed-loop stimulation and novel therapy indications such as diabetic peripheral neuropathy.

ASPN-03

Dorsal Root Ganglion and Peripheral Nerve Stimulation:

A More Targeted Approach for Nerve Pain

Peter G. Pryzbylkowski

Sat ● 11:00a – 11:50a L3 ● Gracia 3

This presentation will show the major differences between traditional spinal cord stimulation and peripheral nerve stimulation. Attendees will be able to determine which modality is indicated for which presenting pain pathology. The evidence supporting the use of dorsal root ganglion stimulation and peripheral nerve stimulation will be reviewed and addressed. Attendees will receive an overview on how these procedures are done in a minimally invasive manner.

ASPN-04

The Future of Minimally Invasive Spine Treatments: Moving from Open Approaches to Less Invasive Procedures

Dawood Sayed

Sat ● 12:30p – 1:20p L3 ● Gracia 3

Although effective, traditional approaches to spinal disorders can carry inherent risks and morbidity. As the population ages and the prevalence of spinal disorders increases, minimally invasive approaches to pathological conditions such as spinal stenosis, sacroiliitis, spondylolisthesis, and other disorders will become more important. Treatment approaches must be based in solid evidence and be efficacious in order for widespread adoption to occur. In this lecture we will discuss minimally invasive spine approaches, detailing their advantages and disadvantages based on patient selection and available evidence. The future of minimally invasive approaches will be examined.

BHV-01

Casting a Wider Net: Using Focused Acceptance & Commitment Therapy in Primary Care

David Cosio

Tue ● 7:30a – 8:20a L4 ● Nolita 1

Frontline practitioners are called upon to provide psychosocial counseling in conjunction with traditional medical care, often without adequate training, experience, or resources. Health-care systems are addressing this call to action by casting a

wider net and aiming to optimize care. Focused acceptance and commitment therapy (FACT) may be the alternative tool to treat chronic pain. Research has shown that integrating behavioral health interventions into primary care leads to better patient outcomes by reducing provider burden, lowering healthcare costs, and mitigating stigma associated with mental health services. FACT is an abridged version of ACT and it distills its core methods into a protocol that is delivered in 4 sessions: Finding Leverage, Promoting Awareness, Promoting Openness, and Promoting Engagement. FACT shows promise for treating the biopsychosocial symptoms of chronic pain in an overburdened healthcare system.

BHV-02

Calming the Storm: Adding PTSD Treatment to Your Pain Practice

Peter A. Abaci

Tue ● 9:40a – 10:30a L4 ● Nolita 3

As many as half of patients with chronic pain may also experience trauma symptoms that not only impact a patient's pain experience, but also limit the effectiveness of pain treatments or therapies if not specifically addressed and treated. There is an inherent need for pain practitioners to develop strategies to both assess for active trauma symptoms or the presence of PTSD and to provide effective avenues for treatment. The recent COVID-19 pandemic seems to have increased the prevalence of mental health disorders, creating an even greater need to adequately assess and treat trauma symptoms. This course will present screening tools and review typical signs and symptoms of PTSD to help with assessment. We'll review the treatments to diminish the presence of active trauma symptoms, including how to use resources in the community and potentially build them within an existing pain practice, and review the structure and outcomes of a novel interdisciplinary program.

BHV-03

Pink Elephant: Is Alcohol a Pain Panacea or a Problem?

Jennifer M. Hah ● Ravi Prasad

Tue ● 11:00a – 11:50a L4 ● Nolita 3

Chronic pain and alcohol consumption are both very common in the general population, and alcohol is often used to numb both physical and emotional pain. This relationship is especially salient as estimates of alcohol consumption have increased during the COVID-19 pandemic. In this course, the epidemiology of co-occurring pain and alcohol use will be discussed, along with the latest evidence surrounding the interaction between alcohol consumption and pain. For example, moderate alcohol use has been associated with improved pain related outcomes for certain pain conditions; however, both excessive binge drinking and alcohol use disorder are associated with worsened pain outcomes. The interaction of alcohol with pharmacologic treatments for pain will be reviewed. Furthermore, the presence of pain may serve as a trigger for some to increase alcohol consumption as a maladaptive coping strategy. Behavioral approaches to address this process, to treat co-occurring alcohol use disorder and chronic pain, and to reduce problem drinking will be presented.



BHV-04

The Dog Ate My Homework:

A Guide to Avoiding Relapse and Maintaining Adherence

David Cosio

Tue ● 1:40p – 2:30p L4 ● Nolita 1

According to the World Health Organization (WHO), approximately 125,000 people in the US with treatable diseases die each year because they do not take their medication as prescribed. The WHO also reports that 10% to 25% of hospital and nursing home admissions result from patient noncompliance. Adherence rates for behavioral change related to obesity, substance abuse, smoking cessation, and chronic pain have shown similar relapse rates following completion of treatment. Providers can formulate specific procedures for improving patient participation, such as anticipating nonadherence, considering the prescribed self-care curative measures from the patient's perspective, improving the patient-provider relationship, customizing treatment, enlisting family support, and making use of other healthcare providers. This presentation will define compliance, adherence, and relapse, and offer providers evidence-based strategies, such as building the therapeutic relationship, motivational interviewing, and health coaching interventions, to help maintain long term gains in their pain management care.

BHV-05

What's Psych Got to Do with Perioperative Pain Management?

Abhishek Gupta ● Patricia W. Tsui

Tue ● 4:40p – 5:30p L3 ● Gracia 1

The transition from acute to chronic pain has created an enormous burden on the healthcare system. This has led to a shift away from opioid therapy and to treating patients with a multimodal therapeutic approach. The focus has been to better identify the risk factors that contribute to the development of persistent pain. Psychological factors such as anxiety, depression, pain catastrophizing, and pain self-efficacy have been found to contribute substantially to surgical outcomes. A well-timed multimodal approach is crucial to optimize post-operative pain management and to prevent transition to chronic pain states. Evidence-based psychological therapies have utility in managing pain within the perioperative setting and complement traditional medical treatments. Often, pain coping skills cannot be learned, internalized, and enacted within a perioperative timeframe. A comprehensive and coordinated effort in the pre- and post-operative phases could have the greatest positive effect on outcomes and will be discussed during this presentation.

BHV-06

All in the Family:

Their Role and Impact on Pain Management

David Cosio

Tue ● 5:40p – 6:30p L3 ● Gracia 1

About 43% of households have at least 1 person with chronic pain, and that pain affects all members of the family, plus caregivers and/or significant others. It can demoralize and depress both patient and family, especially when there is no effective pain control and no hope for relief. Family can have a role in maintaining the pain, and should be included in pain

assessment and treatment of pain. Family members must not only recognize and overcome obstacles that may occur when communicating with chronic pain patients, but also must deal with their own pain and stress. Addressing emotions with support groups, family therapy, or individual therapy can strengthen the family and the individual, as well as reduce the suffering of all involved. It is important for frontline practitioners to consider not only the person who is suffering in front of them, but the people behind the patient.

BWK-01

The L-Shaped Room:

Challenges and Advances Managing Migraine

Jennifer Robblee

Fri ● 7:30a – 8:30a L3 ● Gracia 3

This course will discuss an approach to the diagnosis of migraine as well as its pathophysiology. Migraine globally affects millions, significantly impacting those patients clinically, socially, and economically. Appropriate diagnosis will result in better therapy and improved quality of life. Treatments will be reviewed, with acute, preventive, and nonpharmacologic options.

BWK-02

Who's on First?

Neurologic and Psychiatric Management of Migraine

Charles E. Argoff ● Michael R. Clark

Fri ● 9:40a – 10:30a L3 ● Gracia 3

This session, presented by a neurologist and a psychiatrist, demonstrates how migraine can present with varying degrees of complexity. While the underlying condition may generate various subtypes requiring the expertise of a neurologist, the psychiatrist may need to address barriers to optimal outcomes like comorbid major depression, overuse of analgesics, lack of effective coping strategies, and how to manage the difficult patient. Case studies will highlight the different approaches each specialist adopts in managing migraineurs who face additional challenges imposed by comorbid conditions.

BWK-03

The Emerging Role of CGRP Inhibitors in the Prevention and Treatment of Migraine

Michael J. Marmura

Fri ● 11:00a – 11:50a L4 ● Nolita 1

Treatments targeting calcitonin gene-related peptide (CGRP) effectively treat migraine and have changed our approach to the disorder. This course will review how these medications work and provide updates on their safety and effectiveness. We will focus on differences between monoclonal antibodies and small molecule antagonists against CGRP, acute and preventive treatment, and individualizing therapy for each patient.

BWK-04

Elevator to the Gallows:

Trigeminal Autonomic Cephalalgias

Paul G. Mathew

Fri ● 2:40p – 3:30p L3 ● Gracia 1

Trigeminal autonomic cephalalgias (TAC) are now more formally diagnosed: they include a suicide headache (cluster),

presented by

BRAINWEEK™

3

ELEVATOR TO THE
GALLOWS

TRIGEMINAL
AUTONOMIC
CEPHALALGIAS
PAUL MATHEW
FRIDAY
SEPT
TENTH

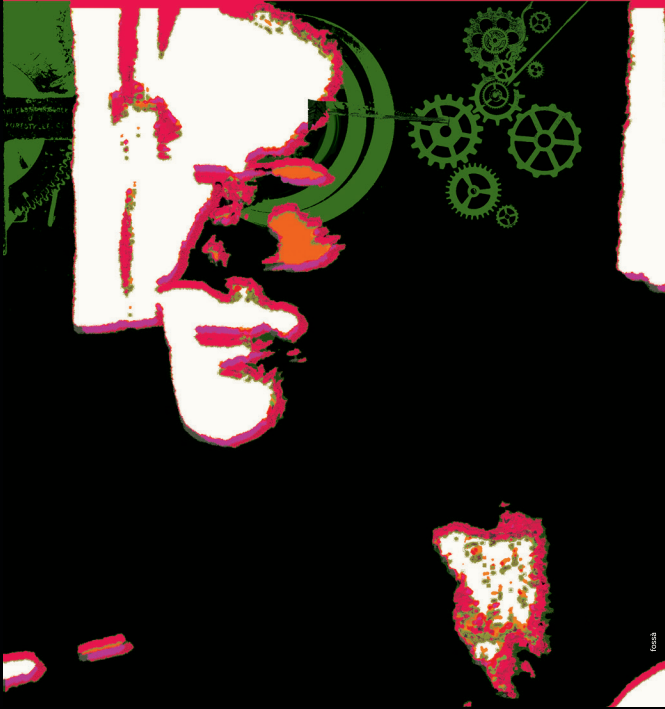


charles argoff • michael clark

WHO'S ON FIRST?

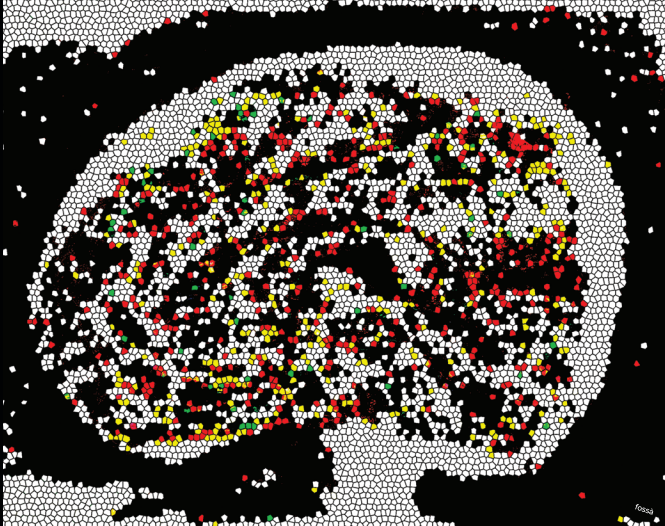
NEUROLOGIC and
PSYCHIATRIC
MANAGEMENT of
MIGRAINE

friday september 10



YASAR TORRES-YAGHI • SATURDAY • SEPTEMBER 11

diagnosing
on the



spectrum:

ALZHEIMER'S DISEASE AND
LEWY BODY DEMENTIA

EXAMINING
CANNABINOIDS
IN THE
EPILEPSY
TREATMENT
SPECTRUM

JAY SALPEKAR
SATURDAY
SEPT 11



UP
THE
DOWN
STAIRCASE

addressing adherence in relapsing
bipolar disorder

sanjai rao • saturday • sept 11



hemicranias (paroxysmal and continua), and a headache that may occur 300 to 600 times in 10 minutes—short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT) or with cranial autonomic symptoms (SUNA). Diagnosing several of these may be simple; treatment of the suicide headache is not. Treatment of the hemicranias and the other TAC can be relatively simple, if the patient can utilize the single medication that stops and therefore confirms the diagnosis made. Treatment of the 4th TAC may also be relatively simple, but diagnostically more problematic. This course will review these TACs and their potential treatment.

BWK-05

I Can't Hear You: The Association of Subclinical Hearing Loss with Cognitive Performance

Justin S. Golub

Sat ● 7:30a – 8:20a L3 ● Gracia 1

Hearing loss is the biggest risk factor for dementia, and it's a modifiable one. The high prevalence of hearing loss in those over age 80 is unfortunately matched by a low level of treatment. This presentation will discuss the causes, prevalence, and treatment of age-related hearing loss. We will examine the level of evidence linking age-related hearing loss and cognitive impairment and decline. Which comes first? Does one lead directly to the other? Are there confounding factors? The presentation will explore the proposed mechanisms relating age-related hearing loss to cognition.

BWK-06

Up the Down Staircase:

Addressing Adherence in Relapsing Bipolar Disorder

Sanjai Rao

Sat ● 9:40a – 10:30a L3 ● Gracia 1

Difficulty with medication adherence is common in bipolar disorder and results in significant disability and suffering. There are many potential barriers to medication adherence. These include external factors such as complex medication regimens, side effects, and access to care, as well as patient specific factors such as sociodemographic issues, maladaptive beliefs about the illness, and the severity and nature of an individual's bipolar symptoms. This session will provide an overview of these barriers and practical strategies for addressing some of them in clinical practice, with a focus on crafting an effective and tolerable medication regimen for our patients. In particular, the use of long acting injectable treatments to enhance medication adherence in bipolar disorder will be explored.

BWK-07

Diagnosing on the Spectrum:

Alzheimer's Disease and Lewy Body Dementia

Yasar A. Torres-Yaghi

Sat ● 11:00a – 11:50a L2 ● Castellana 1

During this session, the presenter will discuss Lewy body dementia, a progressive dementia resulting from protein deposits in nerve cells of the brain that affects >200,000 people in the US yearly. The course will cover how it differs from dementia with Lewy bodies, and the neuropathology of each will be explained. The protocol for diagnosis, along with core

symptoms and supporting clinical features, will be described. Also to be discussed: available medications for these patients, and highlights from current research.

BWK-08

Examining Cannabinoids in the Epilepsy

Treatment Spectrum

Jay Salpekar

Sat ● 12:30p – 1:20p L2 ● Castellana 2

This session will discuss the use of cannabinoids in the treatment of epilepsy. Epilepsy is a heterogeneous illness with a complex neuropsychiatric symptom profile; symptoms range from temporary confusion or a staring spell to uncontrollable jerking movements of the arms and legs to loss of consciousness or awareness. Aspects of cannabinoids may lend themselves to treat the varied symptoms that may co-occur with seizure disorders. An overview of approaches for treatment with cannabinoids will be discussed. We will also review the overlaps of neurologic and psychiatric diagnostic and treatment approaches, identifying potential treatment options for using cannabinoid-based products for epilepsy.

CPS-01

Neurogenic Thoracic Outlet Syndrome

Paul J. Christo

Tue ● 9:40a – 10:30a L4 ● Nolita 1

If you see patients with pain from the neck/shoulder, radiating down the arm and into the fingers, they may have neurogenic thoracic outlet syndrome, or NTOS. Occipital headaches, arm weakness, and chest wall pain often co-exist. This syndrome targets women and can occur after motor vehicle accidents. This is a complex spectrum disorder that provokes controversy. In fact, it may be the most controversial diagnosis in medicine. The evidence demonstrates that if left untreated, quality of life is impaired as much as having chronic heart failure. We will talk about common symptoms, etiology, diagnosis, and current treatment options including Botox® therapy.

CPS-02

"Doctor, I Have a Pain Between L4 and L5":

Dealing with False Positives and Google Dx

Ramon L. Cuevas-Trisan

Tue ● 11:00a – 11:50a L4 ● Nolita 1

Musculoskeletal pain is among the most common encountered by any clinician in an ambulatory care practice, including urgent care. This presentation will illustrate directed history taking and basic exams when patients present with common neuromusculoskeletal pain complaints, emphasizing the importance of the clinical evaluation as opposed to imaging tests. We will discuss the importance of knowing the limitations and pitfalls of imaging tests in the evaluation of spinal pain conditions, particularly in the setting of chronic spinal pain and potential secondary gains/disability. The relevant literature will be discussed in detail, using clinical scenarios and illustrative cases. Other common complaints such as joint pain (shoulder, hip, knee) will also be presented. A case will be made about the importance of regaining patient trust by improving face-to-face communication to deter belief in online sources rather than healthcare providers.



CPS-03

Updates on Complex Regional Pain Syndrome

Paul J. Christo

Tue ● 2:40p – 3:30p

L4 ● Nolita 1

Complex regional pain syndrome (CRPS) often causes serious impairments in activities of daily living and the ability to function. It can be a tremendous burden to patients and their families. There continues to be clinical confusion and misunderstanding about the syndrome due to its dramatic nature, limited knowledge of its mechanisms, and frequent lack of response to interventions. Research into CRPS has grown, although our understanding remains incomplete. We will summarize our knowledge about CRPS, including epidemiology, pathophysiology, diagnosis, natural course, treatment, and prevention.

CPS-04

Osteoarthritic Joint Pain:

Advances in Diagnosis and Treatment

Michael M. Bottros

Tue ● 4:40p – 5:30p

L4 ● Nolita 1

Joint pain is an unfortunate fundamental problem in patient care and pain management. For example, knee pain is so prevalent that, by 2020, more than 1 million patients had undergone knee replacement surgery. However, there are several medications and treatments not readily apparent that are options before undergoing surgery. And what if your patient is not a surgical candidate, or if the pain persists even after joint replacement surgery? In this course, we review the relevant clinical exam findings for diagnosis as well as treatment for cervical/lumbar facet joint pain through peripheral joints such as the shoulder, hip, and knee.

CPS-05

Painful Conditions of the Upper Limb

Ramon L. Cuevas-Trisan

Tue ● 5:40p – 6:30p

L4 ● Nolita 1

This course will explore painful neuromusculoskeletal conditions affecting the upper limb, reviewing the most common seen in an outpatient setting. We will provide primary care and specialists alike a solid foundation of practical knowledge to evaluate and manage these common complaints, including cervical radiculopathy, focal entrapment syndromes, and soft-tissue pathology of the shoulder, elbow, wrist, and hand. Using clinical scenarios and illustrative cases, we'll review the key components of the history and physical exam and relevant anatomy. Alternative diagnoses and clinical pearls will also be discussed, emphasizing diagnostic tests necessary to differentiate conditions. Cases will be followed by practical, up-to-date, evidence-based management recommendations.

HLC-01

Implementing a New Pain Coach Education Service in an Academic Medical Center During the COVID Pandemic

Phyllis L. Hendry ● Douglas Suffield

Tue ● 2:40p – 3:30p

L4 ● Nolita 3

This presentation will outline a framework for implementation of a pilot pain coach and education program utilizing

nonpharmacologic and non-opioid modalities for treatment of acute and chronic pain in the emergency department and hospital. Acute and chronic patients best suited for pain coaching will be identified by setting, type of pain, and comorbidities. Implementation components of a pain coach program will be shared including job description, pain educator training and orientation, EMR note template, referral systems, program stakeholders and champions, program data and tracking metrics, and patient resources. Coaching sessions include hands-on training to patients and staff focused on deep breathing exercises, aromatherapy, virtual reality, topical and OTC analgesics, pain neuroscience, and other integrative approaches.

HLC-02

Night & Day: The Disabling Power of Sympathy/ The Enabling Power of Empathy

Becky Curtis

Tue ● 4:40p – 5:30p

L4 ● Nolita 3

Those with chronic pain often elicit considerable 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 and being there with them. Not trying to fix them or give them solutions, but instead actively listening to understand their perspective. Pain management coaching seeks to actively empathize with those with pain, giving the patient unconditional positive regard, which leads to increased confidence, autonomy, and empowerment. Pain management coaching pioneer Becky Curtis will share how pain management coaching will support pain patients as they make lasting behavior changes.

HLC-03

Everything's Coming Up Roses: How Pain Management Coaching Impacts Pain Outcomes

Becky Curtis

Tue ● 5:40p – 6:30p

L4 ● Nolita 3

Perhaps the single most failure-producing aspect of chronic pain is its inherent isolation. Add the medical hopelessness faced by many patients, and a perfect storm is created for chronic pain patients to fall permanently out of the workforce and fail to thrive. Pain management coaching provides the bridge between medical care and the patient's innate will to survive. Pain management coaching pioneer Becky Curtis will share how the latest research on the brain and pain relate to pain management and patient re-learning. Attendees will gain understanding of the role pain management coaching plays in reshaping the learned phenomena of chronic pain, and how clients acquire knowledge and implement effective pain management strategies with the guidance of a coach.



**INT-01****Surgical Consult:**

When Pain Management Is Contraindicated

Peter G. Pryzbylowski

Fri ● 9:40a – 10:30a

L4 ● Nolita 1

The world of interventional pain management continues to evolve and improve upon therapies that can help provide pain relief to chronic pain patients. There are some patients, however, who require surgery sooner rather than later and would be ill suited to seeing a pain specialist. We will review patient complaints and red flag symptoms that warrant swift surgical referral for definitive treatment.

INT-02**Sacroiliac Joint Dysfunction:** Diagnosis, Treatment, and Emerging Therapy Options

Sean Li

Fri ● 11:00a – 11:50a

L3 ● Gracia 1

Sacroiliac joint related pain may have a prevalence of 16% to 30% among chronic low back pain patients. The sacroiliac 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 be overshadowed by 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. We will describe sacroiliac joint dysfunction and associated pain in terms of diagnosis and treatment. The topics will help both interventional and noninterventional pain physicians understand sacroiliac joint dysfunction as a common pain generator in chronic low back pain. Finally, we will review the current and emerging treatment options along with the supporting evidence.

INT-03**Diabetic Peripheral Neuropathy:**

Introducing New Interventional Options

Sean Li

Fri ● 1:40p – 2:30p

L3 ● Gracia 1

Diabetes can impact nearly every cell in the patient, damaging the cardiovascular and nervous systems. Among the 10% of Americans who suffer from diabetes, as many as 4 million experience chronic pain due to diabetic peripheral neuropathy (DPN). Medical management of painful DPN has been challenged by dose limiting side effects and cost. This presentation will review the pathophysiology of painful DPN and treatment options. We will describe innovations such as topical capsaicin patch therapy and high frequency spinal cord stimulation therapy for use by both noninterventional and interventional pain physicians. Finally, we will propose a multidisciplinary model of treating DPN that includes existing and emerging therapies.

INT-04**Electrical Tingles:**

Neuromodulation for the General Practitioner

Peter G. Pryzbylowski

Fri ● 2:40p – 3:30p

L4 ● Nolita 1

This course will provide knowledge that every general practitioner should know about neuromodulation. We will review the indications for spinal cord stimulation along with data showing how overall usage of opioids decreases after implantation. The mechanism of action and current theories on how these devices manage pain will be discussed in detail.

INT-05**Taking Private Interventional Pain Practices from Good to Great**

John V. Prunskis

Fri ● 4:40p – 5:20p

L3 ● Gracia 3

Presenter Dr. John Prunskis is a co-author of the U.S. Department of Health and Human Services Best Practices Pain Task Force Final Report and a 12 time recipient—voted by his peers—of “Top Pain Doc” in Chicago. Dr. Prunskis has teamed up with Mr. Jack Freese and Mr. Owen Prunskis and others to develop a successful collaborative model transforming interventional pain practices from good to great.

IPPS-01**The Lesser of Three Evils?**

Untangling Somatic and Neurologic from Visceral Pain

Jorge F. Carrillo

Thur ● 7:30a – 8:20a

L3 ● Gracia 3

Chronic pelvic pain (CPP) often co-occurs with other debilitating conditions. These chronic overlapping pain conditions are more prevalent in women and include endometriosis, irritable bowel syndrome, temporomandibular disorders, fibromyalgia, chronic tension-type and migraine headache, and chronic low back pain. Many of these lead to CPP and affect visceral structures; however, other frequent and important types of pain are somatic and neurologic in origin. When initially evaluating a patient suffering from CPP, it is imperative to perform a detailed and structured history and physical exam to promptly identify and initiate treatment for all the potential conditions leading to pain. This is also important since it will lead to creating an individualized team to treat the patient’s conditions and needs in an interdisciplinary fashion. This presentation will identify the best tools to collect, organize, and review a patient’s history and physical exam findings. We will review how to identify somatic, neurologic, and visceral causes of CPP.

IPPS-02**Fire in the Lake:** Raging War Over Endometriosis

Georgine Lamvu

Thur ● 11:00a – 11:50a

L4 ● Nolita 3

Endometriosis is a complex burdensome disease associated with pelvic pain and infertility. Many therapeutic options are available, and often there is debate over whether surgical treatment is superior to medical treatment. This lecture will provide an update on the management of endometriosis associated chronic pelvic pain, and review the pros and cons of therapeutic interventions.



FIRE IN THE LAKE

RAGING WAR OVER ENDOMETRIOSIS

Thursday September 9 • Georgine Lamvu





IPPS-03

When Sitting Hurts: Unraveling Pudendal Neuralgia

Mario E. Castellanos

Thur ● 5:40p – 6:30p L4 ● Nolita 1

Pudendal neuralgia is a severely painful and debilitating neuropathic pain condition involving the dermatome of the pudendal nerve. This condition leads to pain in the clitoris/penis, vulva/scrotum, perineum, and rectum, especially when sitting. Pudendal neuralgia is often unrecognized and challenging to diagnose. This presentation will focus on discussing anatomy, symptomatology, diagnostic criteria, and treatment options of pudendal neuralgia including interventional procedures and surgery. It will also evaluate the evidence of new nonsurgical treatment options.

KEY-01

Apocalypse Now...or Later? Chronic Pain After COVID-19

Michael M. Bottros

Tue ● 2:40p – 3:30p L4 ● Mont-Royal Ballroom

As we better understand the acute challenges of managing the COVID-19 pandemic, it is the lingering effects on COVID-19 survivors that healthcare providers are increasingly beginning to treat. Initially viewed as a respiratory disease, it is now clearer that many organ systems are affected due to a systemic inflammatory response. Many COVID-19 survivors have sustained prolonged periods of sedation and immobilization, putting them at increased risk of myopathy and polyneuropathy. Emerging reports of neurological sequelae include nerve pain, confusion, headache, anosmia, and chronic fatigue. This course will shed light on some of these emerging symptoms and potential treatment solutions.

KEY-02

The Clinical Pharmacist-Led Suboxone Clinic for Managing Comorbid Pain and OUD

Timothy J. Atkinson ● Terri Jorgenson

Wed ● 7:30a – 8:20a L3 ● Gracia 3

Even with expanding prescribing limits and extending prescribing to mid-level providers, the management of buprenorphine products is intensive and requires a team approach. In this session, we outline the integration of clinical pharmacy pain practitioners into a buprenorphine clinic to provide collaborative drug therapy management for patients with comorbid pain and opioid use disorder. Specializing in medication therapy management allows pharmacists to improve adherence to medication for opioid use disorder (MOUD), improve non-opioid pharmacotherapeutic approaches, and connect patients with all available services for pain. Pain pharmacy aligns well with the rigorous follow-up schedule and monitoring parameters necessary for successful engagement and retention in this population. We will present data on several years of clinic implementation from pilot to practice with impressive outcomes including increased engagement, retention, and decreased mortality.

KEY-03

Who Should Own Back Pain? An Interventional Pain Physician and a Physical Therapist Debate

Johnathan H. Goree ● Leah Tobey

Wed ● 2:40p – 3:30p L4 ● Mont-Royal Ballroom

Back pain is a leading primary care complaint. With mounting evidence for the use of dry needling, manipulation, targeted movement control therapy, and electromyography feedback, physical therapy is a rapidly expanding science that offers dynamic, movement-based treatment for this common condition. Interventional pain therapy is much more than "epidurals." Over the past 20 years, chronic pain physicians have developed multiple minimally invasive, evidence-based, opioid sparing interventions including ablative, neuromodulative, and restorative therapies. A physical therapist and an interventional pain therapist will debate their approaches to the patient with low back pain and evidence behind both, providing a cost-benefit analysis. Can both philosophies co-exist in the world of low back pain?

KEY-04

Pain By Numbers: $A+B=Z^2$

Michael R. Clark ● Kevin L. Zacharoff ● Stephen J. Ziegler

Wed ● 5:40p – 6:50p L4 ● Mont-Royal Ballroom

This year's **keynote** session presents a very unique pairing of a physician, Dr. Zacharoff, with a social scientist, pain scholar, and former practicing attorney, Dr. Ziegler. Together, they address the prevalence of chronic pain and drug overdose deaths in the US and its intersection with COVID-19. Each will discuss how stakeholders can work together to mitigate the spike in overdose deaths and the political challenges creating barriers to care for chronic pain patients. While Dr. Zacharoff speaks to the clinical side of the equation, Dr. Ziegler connects the public health and policy dots across a 20-year arc via **The Therapeutic Benefits of Hot Tub Time Machines and Rowboats**. You surely will not want to miss this!

KEY-05

2+2 Before: Using New Math to Calculate Opioid Risk

Kevin L. Zacharoff

Fri ● 9:40a – 10:30a L4 ● Mont-Royal Ballroom

The informed consent process used to involve identifying, communicating, and ensuring that the patient understands the risks and benefits. That was all part of autonomous shared decision-making and incorporating any modality into a comprehensive pain treatment plan. However, when opioid analgesics are determined to be an appropriate component of pain treatment, these familiar processes need to be modified. This presentation will identify and explore how we use "new math" to perform an opioid risk/benefit analysis that incorporates not only patient level risk, but also considers household, community, and societal risk as part of our informed consent process to better facilitate understanding, communication, trust, safety, and regulatory adherence.



when sitting hurts

fossa



unraveling pudendal neuralgia

mario castellanos

thursday, september 9



**KEY-06****Digital Therapeutics:**

Technological Advances in Pain Medicine

Douglas Gourlay ● Lantie E. Jorandby

Thur ● 9:40a – 11:00a L4 ● Mont-Royal Ballroom

Pharmacologic approaches have limited efficacy and safety; therefore, new technological advances in pain medicine should be explored. Digital therapeutics (DT) is a relatively new modality of care that employs digital tools such as smartphone apps to treat chronic medical conditions. The goals of DT include reducing medical care costs, improving care compliance, and extending the reach of care to patients in rural or remote areas. 5 billion people globally own mobile devices and 50% of those are smartphones; the accessibility of DT is the greatest it has ever been. This course will review the advance of DT from its early iteration for alcohol abuse to its advanced role in the addiction field and its evolving use in conditions such as chronic pain. Repetitive transcranial magnetic stimulation, or rTMS, has demonstrated benefit for chronic pain patients, is FDA approved for major depressive disorder, and is gaining traction for other mental health disorders. Studies have identified its role as a potentially safe alternative to pharmacotherapeutics for chronic pain.

KEY-07**Vaping in the 21st Century:**

Is There a Safer Way to Deliver Drugs?

Douglas Gourlay

Thur ● 1:40p – 2:30p L3 ● Gracia 1

The increase in electronic drug delivery systems has led to both innovations and challenges. By uses an aerosolized approach to nicotine delivery, a "safer" alternative to traditional tobacco products was promised, but not necessarily delivered. Unfortunately, while arguably a less harmful drug delivery system, the jury is out as to the long terms effects of these systems. Of course, nicotine is not the only drug suitable for vape delivery. Cannabinoid products are now widely available; sometimes from reputable vendors, sometimes not. Participants in this presentation will gain an understanding of the technology behind "noncombusted" pulmonary drug delivery systems with a particular emphasis on nicotine (e-cigarettes) as well as cannabinoid products.

KEY-08**The Fight Has Just Begun:**

How Covid-19 Has Affected the Opioid Epidemic, Chronic Pain Treatment, and Mental Health

Johnathan H. Goree

Thur ● 2:40p – 3:30p L4 ● Mont-Royal Ballroom

The COVID-19 pandemic has left a trail of death and destruction in its wake. Due to public health efforts and rapid vaccine distribution, we are headed for a return to normalcy... or are we? There are increasing reports of "long haul" post COVID-19 syndromes, delayed treatment of chronic painful diseases, and lack of access to routine mental health, chronic pain, and substance abuse treatment. COVID-19 will have effects on the focus, access, and delivery of chronic pain care well past 2021. This course summarizes the effects of the pandemic on chronic

pain care, including the introduction of new painful diseases, routine use of telemedicine, challenges with access to preventive and/or specialty care, and the decrease in public health resources solely focused on the opioid epidemic. Lastly, we will discuss how we as health professionals can prepare for the challenges presented in a post COVID-19 world.

KEY-09**Urine Drug Testing:** Meeting the Test of Medical Necessity Through Patient-Centered Care

Douglas Gourlay

Fri ● 1:40p – 2:30p L4 ● Nolita 1

The history of drug testing in America has largely been adversarial and began in earnest in the mid 1980s with the "drug free America" initiative. The purpose of this testing model was never meant to be clinical and yet the influence of forensic testing in clinical care has been undeniable. The process of drug testing does not need to be adversarial. How results are used, however, will determine whether the testing is designed to identify and manage risk toward a better clinical outcome or to help distinguish between "good patients and bad patients." In this presentation, the basic elements of drug testing will be examined, especially in the context of clinical care. Clinical options beyond termination of care will be explored. In this context, attendees will be able to implement a defensible, rational, and ultimately compassionate approach to the use of urine drug testing in risk mitigation in the treatment of chronic pain.

KEY-10**Brave New World:** Guidelines and Treatment Strategies for Sickle Cell Disease

Michelle Krichbaum ● Neil Miransky

Sat ● 9:40a – 10:30a L2 ● Castellana 1

Sickle cell disease (SCD) is an inherited red blood cell disorder that affects approximately 100,000 people in the United States. SCD is characterized by extremely painful, acute pain episodes known as vaso-occlusive crises (VOC). VOC are the primary presenting morbidity of SCD and cause of hospitalization in 95% of cases. Recurrent VOC episodes have a significant, negative impact on health related quality of life and have a greater impact than cumulative organ damage. In 2020, the American Society of Hematology published a novel guideline focused exclusively on the management of acute and chronic pain in SCD. This course evaluates those recommendations for acute pain management of VOC and uses a case-based approach to discuss a sensible and balanced strategy for pain and symptom management.

MAS-01**Back Pain:** It's All About the Diagnosis

David M. Glick

Fri ● 1:40p – 3:30p L3 ● Gracia 3

The high prevalence of back pain continues in spite of many available treatments, without any single treatment being a panacea. In routine clinical practice there has been a tendency for clinical examinations to become more cursory, largely influenced by increasing demands of time and arguably an



BRAVE NEW WORLD

guidelines and treatment
strategies for
sickle cell disease

michelle krichbaum
neil miransky
saturday september 11



fossa





overreliance on technology. The purpose of this discussion is to assist clinicians in the development of more specific problem focused examinations that can 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 considering all aspects of the examination, including physical assessment as well as 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.

MDL-01

Through the Lens of Experts: Meaningful Risk Mitigation and Patient Education

Jennifer Bolen

Wed ● 9:40a – 10:30a L4 ● Mont-Royal Ballroom

The focus of expert testimony is on whether the prescriber engaged in meaningful risk evaluation and monitoring practices, and whether the prescriber individualized medical care for the patient, based on specific history and behaviors as treatment went on. This course will use published medical expert testimony and common expert reports of illegal and insufficient risk mitigation and patient education. The main goal is to facilitate a prescriber's self-audit of risk mitigation practices and to help attendees improve documentation of risk mitigation protocols and patient education efforts. A proactive approach to meaningful risk mitigation is necessary for protecting patient access to quality pain care and creating a framework within which other practitioners may confidently assume care for patients when necessary, and demonstrating appropriate prescribing of chronic opioid therapy.

MDL-02

Who's Looking at You, Doc? A Rational Response to 2021 Perspectives on Opioid Prescribing

Jennifer Bolen

Wed ● 1:40p – 2:30p L4 ● Mont-Royal Ballroom

Recent litigation against opioid manufacturers and prescribers—and the uptick in drug overdose cases, behavioral health needs, and access to pain management solutions during the COVID-19 pandemic—continues to present frontline practitioners with daily practice challenges. What can be done to minimize the potential of becoming embroiled in a legal battle over your controlled substance prescribing decisions? How does the frontline healthcare practitioner achieve a rational response to various stakeholder mandates involving controlled substances? Of course, frontline practitioners cannot control healthcare access barriers resulting from the controlled substance prescribing and utilization choices of others, but they can control their response to them. Using clinical vignettes and interactive group discussion, this course will examine specific practice challenges involving controlled substance prescribing in 2021 and evaluate viable solutions for improving medical record documentation of decision-making and individualized patient care.

MDL-03

From the Ivory Tower: The Data-Driven Strategy cms, Health Plans, and State Governments Use to Review a Provider's Clinical Practice

Timothy J. Atkinson ● Jennifer Bolen

Thur ● 1:40p – 2:30p L4 ● Mont-Royal Ballroom

Payers are becoming more sophisticated and less risk-tolerant in their approach to performing opioid prescribing surveillance and often reach out to prescriber practices when they perceive excessive risk. Providers are encouraged to make changes to increase safety or face costly remediation or network termination, and they often express confusion regarding data or metrics used to make these decisions. We will give providers perspective on the methodology that many prominent payers use to evaluate a provider's practice. By itself, claims data tell only of patterns and basic prescribing practices; however, when combined with medical review and patient charts, the data often forms the basis for punitive action against prescribers from claims denials, network exclusion, licensing board actions, and DEA involvement. It is important to understand the importance of writing your own script to guide investigators and your legal counsel through your medical decision-making process. Individual metrics will be defined and explained to raise awareness for providers of areas where increased vigilance will spare their practice from additional scrutiny or adverse action.

MDL-04

Thunder Road: Navigating the Legal Weed Terrain for Pain Management

Jennifer Bolen

Thur ● 4:40p – 5:30p L4 ● Mont-Royal Ballroom

Frontline healthcare practitioners face their own rendition of "Thunder Road" when it comes to providing quality pain management for their patients. It's 2021, and we're still in the middle of a pandemic, an economic roller-coaster, and the fledgling era of "legal weed," whether medical or recreational? What are the legal implications for a prescriber who treats patients with controlled medication knowing that the patient actively uses cannabis? What is the DEA's position? How do practitioners document their way through this gauntlet and show reasoned and sound efforts to individualize patient care? Using case examples and regulatory resources, we will examine basic navigation tools that will facilitate how to clinically and legally reconcile the treatment of patients with controlled substances in the face of growing patient access to cannabis, legal or not. The law's penchant for documentation of the prescriber's individualized patient care and demonstration of sound medical reasoning will serve as the compass for surviving the journey.

NRO-01

A Face in the Crowd: Trigeminal Neuralgia and Atypical Facial Pain

Jennifer Robblee

Thur ● 9:40a – 10:30a L3 ● Gracia 3

Trigeminal neuralgia, or tic douloureux, is 1 of the most debilitating disorders known and has been described as the most excruciating pain that humans may experience. This very





intense pain results from irritation of the trigeminal nerve, which branches across the forehead, cheek, and lower jaw. It may have a specific pathophysiology and it does have a primary order of treatment. Atypical facial pain is very different, not a cranial nerve neuropathy, and must be differentiated from trigeminal neuralgia. We will discuss these differences as well as other cranial nerve neuropathies, their diagnoses, and treatment paradigms.

NRO-02

The Diagnosis in the Back of Your Head: Occipital Neuralgia vs Cervicogenic Headache

Paul G. Mathew

Thur ● 11:00a – 11:50a L3 ● Gracia 3

What is the relationship between neck pain and headache? Is neck pain/pathology a cause of headache (cervicogenic headache)? Is it a separate disorder, which can co-exist with other primary headache disorders (occipital neuralgia)? Is it merely a trigger, which can exacerbate a primary headache disorder like tension- type headache or migraine? This lecture will review the differential epidemiology, diagnosis, and management of patients presenting with headache and neck pain.

NRO-03

Blurring the Lines: Pain and Demyelinating Conditions

Charles E. Argoff

Thur ● 1:40p – 2:30p L3 ● Gracia 3

Moderate to severe pain is common in both peripheral (affecting largely the peripheral nerves) and central (primarily targeting the central nervous system in the brain, spinal cord, and optic nerves) demyelinating disorders. This course will describe the painful conditions associated with peripheral demyelinating conditions such as Guillain-Barré syndrome as well as chronic inflammatory demyelinating polyneuropathy. We will also review central demyelinating conditions such as multiple sclerosis and transverse myelitis. A multimodal approach to the management of pain in this setting will be emphasized.

NRO-04

Awkward Conversations: Managing Patients with Chronic Pain

Paul G. Mathew

Thur ● 2:40p – 3:30p L4 ● Nolita 3

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 presentation 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.

NRO-05

A Feather or a Hammer? Pain and Movement Disorders

Charles E. Argoff

Thur ● 4:40p – 5:30p L4 ● Nolita 3

Common movement disorders include Parkinson's disease, atypical parkinsonian syndromes, cervical dystonia, and focal dystopias. Each of these can be associated with acute and chronic pain. This course will provide background information regarding pain in movement disorders and provide insight into evaluation and treatment. Of special importance, we will highlight the prevalence of nonmotor symptoms in movement disorders so they can be assessed and addressed as a standardized approach to patient care.

OPT-01

Occupational Therapy and Biopsychosocial Pain Treatment: The "Other Therapy" You Never Knew Your Patients Needed

Megan O. Doyle

Fri ● 7:30a – 8:20a L4 ● Nolita 3

Multiple governmental health institutions have recognized and recommended occupational therapy as a restorative therapy and nonpharmacological pain treatment, both for acute and chronic pain. Recent evidence shows that multidisciplinary pain programs are an effective option for reducing pain and pain related disability, with significant improvement in patient-reported outcomes. Occupational therapy is considered a primary component of these pain programs, restoring levels of functioning, independence, and self-efficacy. Despite this evidence base, however, occupational therapy continues to be underrepresented and underutilized. This course will provide the participant with a foundational knowledge of occupational therapy's scope within the treatment of pain, including how it aligns directly with the biopsychosocial model. A case study will provide a real-world application of the positive outcomes of occupational therapy in the treatment of pain. Participants will have a new understanding of occupational therapy's distinct value in improving compliance, functional outcomes, and pain self-management—in other words, how occupational therapy can improve your practice!

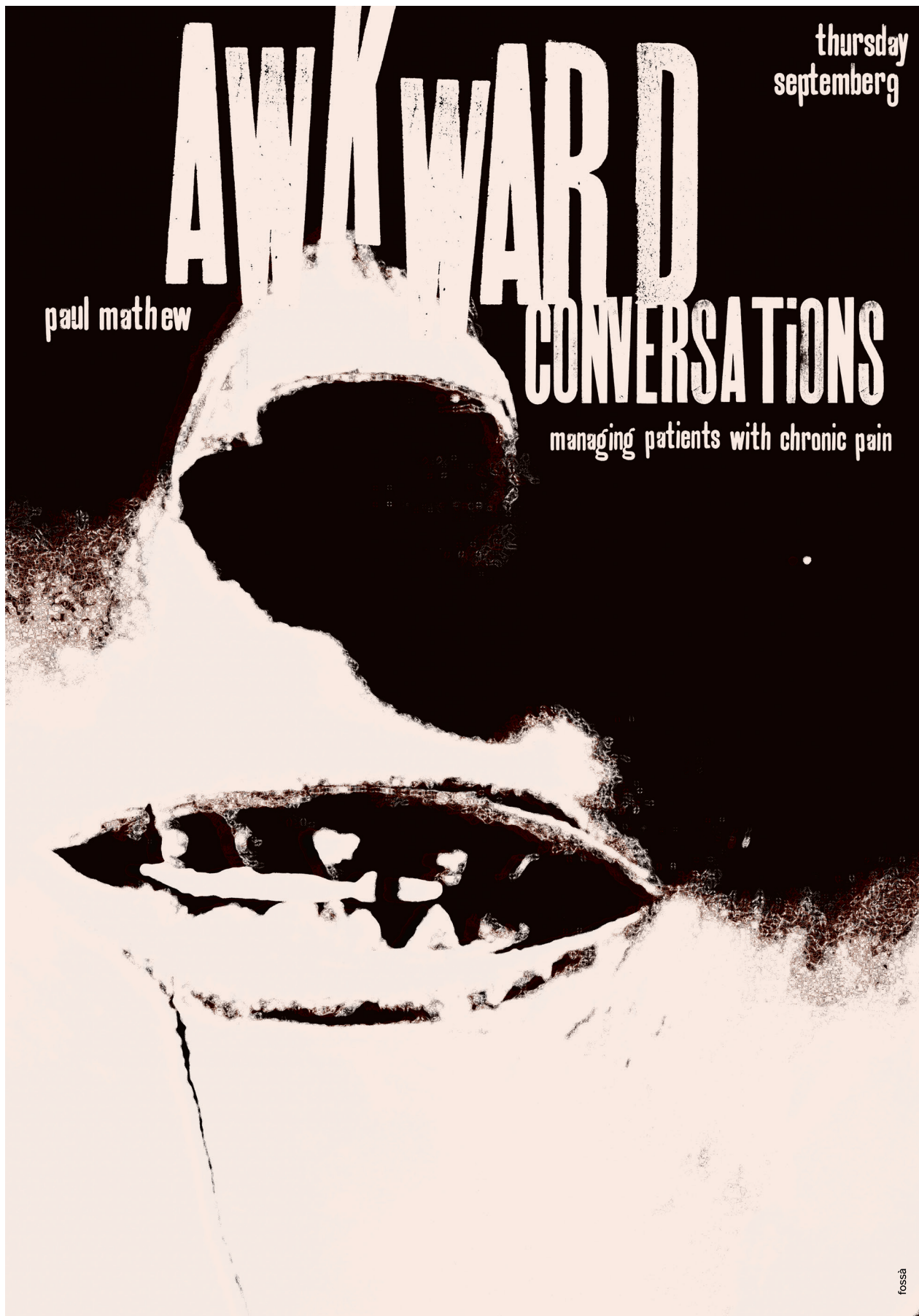
OPT-02

Physical Rehabilitation for Patients with Trauma

Kathryn A. Schopmeyer

Fri ● 2:40p – 3:30p L4 ● Nolita 3

Modern science supports the concept that pain is one protective response to actual or potential danger, and not consistently an accurate measure of body harm. Neurobiological adaptations resulting from trauma events consequently influence the protective mechanisms and stress-response pathways. A history of trauma can upregulate the threat perception for individuals with adverse life experiences. Context-based protective responses directly influence pain perceptions and will also alter neuromotor systems resulting in inconsistent results during physical examination and variable responses to treatments. This session will present an evidenced-based approach to treating a complex patient case using trauma-informed techniques.





OPT-03

Working the Body: A Whole Health Perspective on Movement and Pain

Kathryn A. Schopmeyer

Fri ● 4:40p – 5:30p L4 ● Nolita 3

Movement is arguably the best medicine for all chronic health conditions and also a difficult pill to swallow for those whose bodies hurt. We need a cultural transformation if we hope to successfully prescribe movement to treat or prevent pain. This course will review recommendations for exercise, confront societal beliefs, values, and perceptions for exercise and pain, and offer suggestions to inspire movement as a vehicle for health.

PBF-01

Pain Pathways Made Simple

David M. Glick

Wed ● 7:30a – 8:20a L3 ● Gracia 1

Effective clinical management of pain requires an understanding of the underlying mechanisms responsible for its generation. A skillful approach—based upon better knowledge concerning the anatomical structures, pathways, and events that result in pain—is more likely to lead to effective clinical management of pain. The ability to explain the complex process of pain transmission in a less complex manner can better enable the patient and caregivers to play a greater role in the treatment of painful disorders. The discussion will also include an overview of medication classes typically considered for pain and the pathways they affect.

PBF-02

Chronic Pain Assessment

Michael R. Clark

Wed ● 9:40a – 10:30a L4 ● Nolita 1

Effective clinical interviewing and pain assessment are critical to the appropriate diagnosis and management of pain. In this presentation, the clinician will learn how to apply principles of effective communication and also ascertain how to evaluate available assessment tools in order to form a framework for a comprehensive patient-centered approach to formulation and treatment planning.

PBF-03

Clinical Pearls: Unraveling the Secrets of Imaging Studies

David M. Glick

Wed ● Sept 8 1:40p – 2:30p L4 ● Nolita 1

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 end result may arguably lead to an overreliance upon technology for basic clinical diagnosis. This session will provide an introduction and/or review of basic imaging studies used for the diagnosis of pain related problems. Special attention will 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 any of these studies to help enhance clinical outcomes for treatment.

PBF-04

Back to the Basics: The Role of Psychology in Pain

Ravi Prasad

Wed ● 2:40p – 3:30p L4 ● Nolita 1

Our nation's opioid epidemic has caused many patients, clinicians, and payers to seek nonpharmacologic options to assist with managing pain. Psychology has a well-established role in the treatment of pain conditions but familiarity with this subject matter varies widely. It is important for clinicians treating pain to have an awareness of the role of psychology in the etiology, maintenance, and treatment of pain. The session will feature an introduction to pain and an explanation of the evolution of the opioid crisis. We will examine factors known to affect pain, including adverse childhood events and psychosocial variables. Although cognitive behavioral therapy (CBT)-based interventions are the most frequently studied and applied treatment paradigms, other lesser known approaches also have demonstrated efficacy in pain care. Biofeedback training, mindfulness-based stress reduction, acceptance and commitment therapy, and emotional awareness and expression therapy will be reviewed.

PBF-05

Pain Therapeutics: Adjuvants and Nonopioid Analgesics

Abigail T. Brooks ● Courtney M. Kominek

Wed ● 4:40p – 5:30p L4 ● Nolita 1

Treating pain is a challenge that requires special approaches, many of which now are non-opioid in nature. This course will build on information provided in prior sessions and focus on various nonpharmacological options for pain management and where they fit into therapy based on current guidelines and evidence. The presenters will offer tools and resources for pharmacological pain management that can be implemented into practice as soon as attendees return to work.

PHM-01

Prime Time or Too Soon?

Pharmacogenetics in Pain Management

Abigail T. Brooks ● Courtney M. Kominek

Tue ● 7:30a – 8:20a L3 ● Gracia 1

Variability in drug response can be related to a person's genetic make-up. Is it time to test everyone, or not quite yet? This session will focus on the role of pharmacogenetics in pain management including relevant variants and management strategies.

PHM-02

Taming of the Spew!

Managing Opioid-Induced Nausea and Vomiting

Laura Meyer-Junco

Tue ● 9:40a – 10:30a L3 ● Gracia 1

Opioid-induced nausea and vomiting is a distressing symptom affecting the quality of life of patients and complicating management of their pain. With initiation of opioid therapy, nausea with or without vomiting is not uncommon. This presentation will explore the risk factors predictive of opioid-induced nausea in patients with chronic cancer and noncancer pain. The audience will be introduced to the 4 interrelated neural pathways that mediate nausea and vomiting, and also where anti-emetic



therapies act in these pathways. Although not completely known, the suspected 3 part pathogenesis of opioid-induced nausea and vomiting will be explored. Finally, this presentation will address strategies for managing opioid-induced nausea such as anti-emetic use, opioid rotation/reduction, and changing the route of administration. With greater recognition and understanding, we can tame the opioid-induced spew!

PHM-03

See, Be, Deceived...or Relieved?

Evaluating CBD for Pain Management

Abigail T. Brooks ● Courtney M. Kominek

Tue ● 11:00a – 11:50a L3 ● Gracia 1

How many times a week (or a day) does a patient ask you about cannabidiol (CBD)? This session will take a deeper dive into CBD and learn how it compares to cannabis and what evidence there is (if any) to support its use in pain management. What considerations should you make when co-prescribing for a patient using CBD? In this session, we'll compare and contrast the mechanism of action of THC and CBD and how each affects the nervous system and examine the published evidence on the use of CBD in pain management, including studied dosage forms and pain indications. Finally, we'll review the potential implications of prescribing or recommending CBD for pain management.

PHM-04

Tales of Pain Self-Management:

The Who, What, Why, and How!

Laura Meyer-Junco ● Abigail T. Brooks ●

Courtney M. Kominek ● Samantha J. Seivert

Tue ● 1:40p – 2:30p L3 ● Gracia 1

The Chronic Pain Self-Management Program (CPSMP) is an evidence-based program developed by Dr. Sandra LeFort and later modified at the Stanford Patient Education Research Center. Through a grant, we received training to offer a 6 week online course to patients suffering with chronic pain. In this presentation, we will share our experiences with the program as well as the key principles that form the foundation for a pain self-management workshop. We hope to offer participants insight into the value of such a program while also sharing practical tips for teaching and engaging patients in self-management strategies for their chronic pain.

PHM-05

NSAID Counterattack, Baby We're Back!

Timothy J. Atkinson

Thur ● 7:30a – 8:20a L3 ● Gracia 1

New guidelines for osteoarthritis, low back pain, and other conditions feature recommendations that impact and prioritize NSAID utilization. NSAIDs have been a cornerstone of pain management of inflammatory, connective tissue, and autoimmune disorders for more than 100 years. A historical perspective is key to understanding the role of NSAIDs in pain management, and a therapeutic update on current evidence will aid providers in practical use. The safety of NSAIDs will be reviewed and compared to risks of other medications including opioids. FDA warnings on cardiovascular risk of NSAIDs will be placed into

context and examples of clinical decision-making provided. In addition, new formulations of NSAIDs will be discussed including topical and IV NSAIDs. Evidence updates for acetaminophen effectiveness and decreased reliance on opioids means NSAIDs are back, baby!

PHM-06

On Golden Pond: Geriatric Pain Management

Mark P. Garofoli

Thur ● 9:40a – 10:30a L3 ● Gracia 1

Success! People are generally living longer, but within this ever-increasing demand for geriatric patient care lies a common and challenging: pain management. Overall geriatric care revolves around the infamous Beers List of Medications that has had multiple revisions and updates, most recently in 2019, all concentrating on using the safest and most effective medications. Not surprisingly, many pain management medications appear in the targeted medication groups within the Beers List, thus the impetus for clinician expertise in medication selection and dosing. The aging process alone, or combined with untreated pain, can lead to many trickling unfavorable effects—including impaired cognition, sleep disturbances, reduced function, less social involvement, and an overall reduction in quality of life. Yet, conversely when pain is inappropriately treated in the elderly, the same if not worse harmful effects present themselves. Join us to discuss just how to amplify your pain management treatment selections for the elderly population.

PHM-07

7mm from Hell: Coping with Kidney Stone Pain

Mark P. Garofoli

Thur ● 11:00a – 11:50a L3 ● Gracia 1

Can you imagine being dropped off at the emergency room by your wife and toddler on a Friday the 13th during a pandemic, for what ended up being a 3 month long excruciating journey of pain? Kidney stone pain has been compared to various other incredible instances of pain such as broken legs, bear maulings, and even childbirth. Join the presenter for a dynamic storytelling experience of a personal acute pain situation embedded with numerous educational interludes along the voyage, culminating with nonelective nonemergency surgery during a pandemic. We will comprehensively review pain scales, opioid risk screenings, morphine milligram equivalents, and NSAID and opioid pharmacology. This is not your average campfire conversation, as the presenter promises to withhold no personal details. [He's sorry, but best yet, this storytelling counts for CE credit!]

PHM-08

Will the Real Fentanyl Please Stand Up?

Timothy J. Atkinson ● Jeffrey J. Bettinger

Thur ● 4:40p – 5:30p L3 ● Gracia 1

A recent surge in opioid overdose rates has been driven primarily by fentanyl analogues, not prescribed opioids. The media, politicians, and even professional anti-opioid advocacy groups continue to muddy the waters with propaganda and deception. These fentanyl overdoses rarely involve pharmaceutical fentanyl. It's the illegally manufactured and chemically



manipulated analogues of fentanyl that have allowed its opioid agonism potency to become unmatched, even compared to fentanyl itself. This presentation will describe this rise in the fentalogues responsible for overdoses, from both a community and celebrity perspective. We also seek to debunk common myths and mischaracterizations about pharmaceutical fentanyl and highlight the flawed motivation by advocacy groups to lobby against novel fentanyl-based FDA approvals such as sublingual sufentanil. A science-based overview of physiochemical, pharmacodynamic, and pharmacokinetic differences among common fentanyl analogues and pharmaceutical fentanyl products will be unraveled. Finally, we will detail the difficulty in reversing these types of overdoses, including the need for high-dose naloxone products.

PHM-09

Hocus Pocus: What Muscle Relaxants Do and Don't Do

Jessica Geiger ● Justin G. Kullgren

Thur ● 5:40p – 6:30p L3 ● Gracia 1

Is there value to skeletal muscle relaxants (SMR)? In this session, presenters will explore why pain related to muscle spasm occurs, the role of SMR in symptom control, and special considerations in management of these medications. Presenters will explore clinical scenarios that present unique challenges to a palliative care team, including cancer related pain, spasticity due to neurologic conditions, and chronic nonmalignant pain. Special populations at high risk for adverse events, including the elderly with comorbid addiction, will be highlighted. Clinical cases will demonstrate potential benefit from SMR. We will also identify gaps in knowledge and discuss clinical situations where they have shown to be ineffective; evidence for their efficacy continues to be limited. There is potential value for muscle relaxants for improving non-opioid management. After this session participants will feel more confident evaluating the appropriateness of patients taking muscle relaxants as well as those who maybe good candidates to begin a muscle relaxant.

PHM-10

Melt in Your Body, Not in a Needle:

A Review of ADF Opioids

Mark P. Garofoli

Fri ● 7:30a – 8:20a L3 ● Gracia 1

Challenge accepted. Our country has made numerous strides in advancing patient care, and more particularly conducting efforts to ensure that lives within the national opioid crisis are saved and/or improved. One of those positive strides involves the FDA approval of abuse-deterrent formulation (ADF) opioid medications, with the aim of preventing the transition from the misuse and/or abuse of prescription opioid medications to illicit (and possibly laced) diacetylmorphine (aka, heroin). How do these formulations work? What ADF opioid medications are not only specifically approved as an ADF opioid medication, but also available on the US market? Are these ADFs really foolproof? The street chemists of our country have already accepted the challenge to be knowledgeable on all of the above and now it's our turn as healthcare professionals to get up to speed on these risk reduction entities.

PHM-11

Sedated and Elated:

Treatment Tactics for Refractory Agitation

Michelle Krichbaum ● Neil Miransky

Fri ● 9:40a – 10:30a L3 ● Gracia 1

Agitation is a common occurrence in critically ill and palliative patients, and can be secondary to delirium, pain, and/or mechanical ventilation. Delirium, and associated agitation, is not only distressing to patients and their families, it also increases a patient's hospital stay, morbidity, and mortality. Agitation management includes pharmacological sedation with the use of antipsychotics, opioids, benzodiazepines, and propofol, but what are additional options when agitation persists? This course will review the role of ketamine, dexmedetomidine, phenobarbital, valproic acid, lithium, and novel approaches with antipsychotics to manage refractory agitation.

PHM-12

A Potpourri of Natural Opioids:

Access, Safety, & Regulatory Responsibilities

Timothy J. Atkinson ● Jeffrey J. Bettinger ● Jessica Geiger

Fri ● 4:40p – 5:30p L3 ● Gracia 1

The jury is out on if and/or where nonpoppy derived opiate-like drugs fit into a self-treated pain armamentarium. Consumers might argue that their opiate options are limited and that they should have a right to use naturally occurring substances, particularly in the current environment of rapid opioid tapers or abrupt cessation due to fear of prescription regulatory oversight, government, and/or third-party payer policies. Some argue that these products should be accessible, while others believe that use should be regulated by the FDA and overseen by a bonafide healthcare provider. Use of these products by consumers is increasing for purposes of treating pain, mitigating withdrawal from previously prescribed opioids, and for euphoric effects. Join us in this exciting debate to hear both sides of the story for use, misuse, abuse, consumer advocacy, and risks to patients and providers. There will be plenty of time for live interaction.

PHM-13

No Kidding Around: Pediatric Trauma Care

Michelle Krichbaum ● Neil Miransky

Fri ● 5:40p – 6:30p L3 ● Gracia 1

This presentation discusses the management of trauma related symptoms in pediatric patients using a case-based approach. In the United States, injury is the #1 cause of mortality in children ages 1 to 18. There are significant differences with pediatric trauma patients not only physically, but in physiologic responses to injury and medications, as well as behavioral and psychosocial needs. The use of a multimodal approach for various domains of pain allows providers to manage symptoms while minimizing pharmacologic burden.



No Kidding around

PEDIATRIC TRAUMA CARE

friday * september 10 * michelle krichbaum * neil miransky





HARD EIGHT

fake mus

**A REVIEW
OF ATYPICAL
OPIOID
MEDICATIONS**
mark garofoli

sat. sept. 11

fosca



**PHM-14****Hard 8 Fake MUs! A Review of Atypical Opioid Medications**

Mark P. Garofoli

Sat ● 11:00a – 11:50a L3 ● Gracia 1

Atypical opioids meds can be confusing. It's "only" a partial agonist, they say. They ask, "How can an opioid overdose medication treat pain?" They ask, quizzically, "There are multiple parts of the typical mu opioid receptor?" It's the best of times, and the worst of times, as Dickens said best, yet perhaps not in reference to methadone utilization. It takes 2, baby! Or even more! Mixed-action opioid medications pack a 1-2 punch, or sometimes even a Buy 1 Get 4! Join us for a discussion on these "atypical opioids," including low dose naltrexone, levorphanol, tramadol, tapentadol, methadone, and, of course, buprenorphine.

PHM-15**How Low Can You Go?**

The Low-Down on Low Dose Analgesics

Stephanie Abel ● Annabelle Hood ● Tanya J. Uritsky

Sat ● 12:30p – 1:20p L3 ● Gracia 1

Methadone, buprenorphine, and naltrexone are complex medications with a multitude of uses. Perhaps most commonly known for their role in the treatment of opioid use disorder, these medications at low doses have unique utility in pain management. This session will focus on the use of low dose methadone, naltrexone, and microdosing of buprenorphine in pain management. Three experienced clinicians will present rationale, evidence, and best practices on the use of these low dose strategies.

PHM-16**A Garden of Earthly Delights:**

Evaluating OTC Options for Pain Management

Stephanie Abel ● Annabelle Hood ● Tanya J. Uritsky

Sat ● 1:30p – 2:20p L3 ● Gracia 1

Nutraceuticals, including dietary supplements and food alternatives, have become popularized as alternative treatments to many pain conditions. Over-the-counter (OTC) medications are readily available for patients to self-treat, and pain from osteoarthritis is a common indication for patients seeking OTC care. In these situations, the patients are often older adults who are generally more vulnerable to intolerances and adverse effects. It is important to understand the potential benefits of OTC options, including agents like acetaminophen and nonsteroidals, nutraceuticals like collagen and turmeric, and others that have become more mainstream, like cannabis and kratom. Using the backdrop of a patient seeking OTC analgesia for chronic osteoarthritis pain, this session will explore evidence, risks, and benefits.

POS-01**Scientific Poster Session**

(not certified for credit)

Srinivas Nalamachu ● Joseph V. Pergolizzi, Jr

Thur ● 6:30p – 8:30p L3 ● Condesa Commons**POS-02****Poster/Podium Presentations**

(not certified for credit)

Srinivas Nalamachu ● Joseph V. Pergolizzi, Jr

Fri ● 10:40a – 12:00p L3 ● Gracia 3

This session highlights posters selected for oral presentations.

SIS-01**The Ambient Zone:**

Sleep Induction Through Music Meditation

Joanne V. Loewy ● John Mondanaro ● Andrew R. Rossetti

Wed ● 11:00a – 11:50a L4 ● Nolita 3

Music therapy's integrative role in breathing capacity and sleep is influencing health and wellness outcomes. The use of music visualization and entrainment provides a host of strategies that can be implemented in the treatment of chronic diseases. Stress and anxiety can overwhelm the body, impeding sleep and dysregulating activities of daily living. This presentation will include research and clinical findings from the Louis Armstrong Center for Music and Medicine inclusive of music's clinical impact affecting breathing, quality of life, sleep, and anxiety in children and adults. Enhanced potential of control and management of symptomatology increases resilience and well-being.

SIS-02**The Potential Role of the Type 3 Adenosine Receptor Modulators (A3RMs) in the Management of Pain**

Charles E. Argoff ● Paul J. Christo

Wed ● 1:40p – 2:30p L3 ● Gracia 1

Adenosine is a ubiquitous signaling molecule that has several physiological roles. Subtypes are associated with analgesia and have anti-inflammatory properties. We will discuss the unique role of the adenosine type 3 receptor in animal models of pain and emerging evidence of analgesia in human studies.

SIS-03**The Referral Loop:**

A Guide for Frontline Clinicians on Electromyography and Nerve Conduction Studies

Ramon L. Cuevas-Trisan

Wed ● 4:40p – 5:30p L3 ● Gracia 1

Electrodiagnostic studies are physiologic studies of the lower motor and sensory neuron unit (nerve roots, plexus, peripheral nerves, and muscles) to determine problems along this "pathway." They define the problem, its precise location, its extent, and its acuity or chronicity. These studies serve as a diagnostic tool and, as such, should be used when results will help guide intervention or therapy. They may also be used when prognostic information regarding lesions to the peripheral nervous system is needed. Basic studies consist of separate but equally important parts: electromyography (EMG) and nerve conduction studies (NCS). EMG involves needles but no electrical stimulation; the opposite is true for NCS. Uses of electrodiagnostic studies in the evaluation of painful syndromes commonly encountered in the ambulatory care setting will be presented, including practical examples such as carpal tunnel syndrome, peripheral neuropathies, and radiculopathies. Pitfalls and contraindications will be presented with emphasis on which patients should and should not be referred due to these studies' virtues and limitations.



joanne loewy
john mondanaro
andrew rossetti

THE AMBIENT

ZONE

fossà

**sleep
induction
through
music
meditation**

wed sept 8



**SIS-04****OMG OMT!**

A Guide to Osteopathic Manipulative Treatment

Brian E. Kaufman

Thur ● 7:30a – 8:20a

L4 ● Nolita 1

This session is designed to familiarize attendees with what osteopathic manipulative treatment entails, its underlying models, indications, and how the procedure is performed, as well as how OMT fits into the pantheon of treatment options and when to consider it. Applications to different clinical issues and research will be reviewed. Real-world examples of usage will be provided, drawing from clinical experience and cases to illustrate underlying principles, along with a review of relevant research as it relates to these examples.

SIS-05**Bad Breadth:** The Role of Bias, Stigma, and Social Determinants in Pain Care

Kevin L. Zacharoff

Thur ● 9:40a – 10:30a

L4 ● Nolita 1

What might be "the holy grail" of modern pain education involve? Management of chronic pain that incorporates pain ratings, functional impact, and the patient's individualized narrative. We may not think about the potential influences on pain treatment outcomes and adherence like "personal devaluation" or "invalidation"—internalized stigmas that patients with chronic pain all too often experience. Coupled with implicit and explicit biases that healthcare professionals and patients may bring to the clinical encounter, the matrix of chronic pain management may be more complicated than we think. This session will identify, explore, and confront common biases, stigmas, and social determinants of health that frequently go unnoticed, undetected, and unaddressed in the pain assessment process and treatment plan formulation. These may negatively impact patient adherence, treatment success, and patient and clinician satisfaction.

SIS-06**The Future of Spine Surgery:** Getting Smaller, Safer, and Better

Sandy Christiansen ● Steven M. Falowski ● Eric T. Lee ●

Ramana K. Naidu ● Jason E. Pope ● Brian Su

Thur ● 11:00a – 11:50a

L4 ● Nolita 1

In this course, we will review evidence-based, novel, safe, minimally-invasive procedures—most of which are outpatient—that improve function and quality of life. The greatest challenge with managing low back pain is identifying the appropriate pain generator, and therefore we welcome you to a discussion on condition-specific interventions for the compartments of the spine: anterior, intraspinal, and posterior elements. Our panel is a multispecialty group including neurosurgery, orthopedic spine surgery, anesthesiology/interventional pain, and physical medicine and rehabilitation. We will discuss technologies such as basivertebral nerve radiofrequency ablation, intradiscal therapies, indirect lumbar decompression, percutaneous direct lumbar decompression, interspinous spacers, new laminectomy techniques, management of spondylolisthesis, sacroiliac joint radiofrequency ablation, and minimally-invasive sacroiliac joint stabilization.

SIS-07**Tell Me Why It Hurts**

Patricia W. Tsui ● Kevin L. Zacharoff

Thur ● 1:40p – 2:30p

L4 ● Nolita 1

Lack of consensus about pain care has been a persistent challenge since pain was designated the 5th vital sign in 2000. Despite agreement that there needs to be better integration of the delivery of medical and mental healthcare in the United States, confusion exists in the context of the relationship between biomedical and biopsychosocial approaches to pain care. When the International Association for the Study of Pain approved a definition of pain in 1979, the intention was to promote the idea that pain was not only a nociceptive phenomenon that could be explained on neurophysiologic basis, but also an emotional experience "associated with actual or potential tissue damage, or described in terms of such damage" recognizing the need for a universal classification of the human experience of pain. Some argue that dissemination of this "new" definition was poor and ineffective, and that the nomenclature still needs to be more clearly refined. This presentation will explore these topics as well as an in-depth review of the first revision of IASP definition of pain in over 40 years (July 2020), from both a psychologist's and physician's perspective.

SIS-08**Health Literacy, Pain Medicine, and covid-19:**

Room for Improvement

Eugene Vortsman

Thur ● 2:40p – 3:30p

L4 ● Nolita 1

The COVID-19 pandemic exposed a dangerous lack of basic health literacy—the skill that enables non-healthcare professionals to interpret medical information and translate it. People were confronted with having to interpret statistics, such as herd immunity, and differentiating case-rate mortality from overall mortality. The urgent need for understandable information launched a social media "infodemic" that was not always helpful. Higher levels of health literacy have been associated with less fear, less depression, and improved ability to assess risks/benefits of treatment. Public health authorities, the media, and political leaders are responsible for disseminating clear information, defining new or obscure terms in objective but friendly ways, and being balanced in presenting facts. States, medical organizations, and key opinion leaders proposed and implemented strategies to mitigate the pandemic's impact, which turned out to be positive for the pain patient; these included things like changes to prescribing laws and the use of telemedicine..



BAD BREATH



THE ROLE OF
BIAS, STIGMA,
AND SOCIAL
DETERMINANTS
IN PAIN CARE



KEVIN ZACHAROFF



THURSDAY
SEPTEMBER 9



**SIS-09**

The Dark at the Top of the Stairs: Addressing the Escalation of the Opioid Epidemic Due to COVID-19

Marcelina Jasmine Silva

Thur ● 5:40p – 6:30p L4 ● Nolita 3

How do we reconnoiter in the midst of the COVID-19 and opioid pan-syndemic? Early reports confirm some of the worst predictions for how these diseases have interacted and grown in ferocity through mutual influence. In this session we address: Where do we stand now? Where are we likely headed without intervention? What can we do systemically, and as individual clinicians, to right the course?

SIS-10

Rebalancing Pain Medicine:

Improving Care Through a Wider Lens

Michael E. Schatman

Fri ● 11:00a – 11:50a L4 ● Nolita 3

Pain medicine has devolved over the past decade. Rather than providing sound, coordinated interdisciplinary care, providers have become progressively siloed, generally falling strictly into either the pharmacological, interventional, surgical, or rehabilitative camps. Communication between providers in these subspecialties has been less than ideal, and the patient with pain bears the brunt of this lack of coordination. The focus of this presentation will be on the imperative of coming out of our silos, allowing for interdisciplinarity and cooperation between different subspecialties that need to work together to optimize outcomes. Specific strategies for enhancing communication will be highlighted.

SIS-11

Tiny Habits for Pain Management:

Evidence-Based Behavior Change Models

Denee Choice

Fri ● 1:40p – 2:30p L4 ● Yaletown 1

This is an interactive session to briefly review the fundamental elements of behavior design. We will show how to design effective new habits based on BJ Fogg's Tiny Habits Method, and apply the Tiny Habits Method to managing chronic pain.

Please note that this course is limited to 40 attendees.

SIS-12

A Turning Wind:

Women, Pain, and Achieving Health Equity

Monica P. Mallampalli

Fri ● 5:40p – 6:30p L4 ● Nolita 1

This course will help practitioners better understand the impact of sex and gender differences in chronic pain with a focus on women's health. We will explore the barriers and challenges unique to women living with chronic pain with regard to treatment, management, and access to care. In order to achieve health equity, racial and gender disparities must be overcome. This course will also discuss current policy and solutions to care.

SIS-13

The Brain and Neuromodulation in Management of Osteoarthritis Pain

Vernon B. Williams

Fri ● 5:40p – 6:30p L4 ● Nolita 3

This session will highlight the biopsychosocial model of pain and current concepts in pain science with an emphasis on neurophysiological and cognitive contributions to the pain experience. Included will be adverse childhood events and their role in stress response; ascending and descending pain pathways; the brain's role in surveillance and prediction in the pain experience; and framing and cognitive restructuring. The role of neuromodulation—including radiofrequency, cryoanalgesia, and peripheral nerve stimulation—and specific indications for the treatment of osteoarthritis pain will be discussed. The session will combine a traditional lecture presentation with an innovative and engaging video curated for and specific to the presentation with opportunities for access to additional online/app-based virtual learning modules.

SIS-14

Acupuncture for Pain Management

Heidi Reetz

Sat ● 1:30p – 2:20p L2 ● Castellana 1

Acupuncture is thousands of years old and a key component in traditional Chinese medicine. A collection of different procedures, acupuncture is thought to stimulate the body's meridians (ie, channels that carry energy throughout the human system) and correct unhealthy imbalances. Join us in this presentation to learn about the historical use and traditional understanding of acupuncture, proposed and research-supported mechanisms of action, indications, limitations, efficacy, and evidence. We will also discuss proper patient guidance.

SYM-01

Moving Beyond Conventional to Atypical Opioid

Analgesics: Rebalance Benefit-Risk with Buprenorphine

Jeffrey A. Gudin ● Lynn R. Webster

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

Jointly provided by The Center for Independent Healthcare Education and Pharmacom. Supported by an educational grant from BDSI.

VHA-01

If You Build It: The Progress and Pitfalls of

Implementing Pain Management Teams

Jennifer L. Murphy ● Sanjog S. Pangarkar ●

Friedhelm Sandbrink

Sat ● 7:30a – 8:20a L4 ● Nolita 3

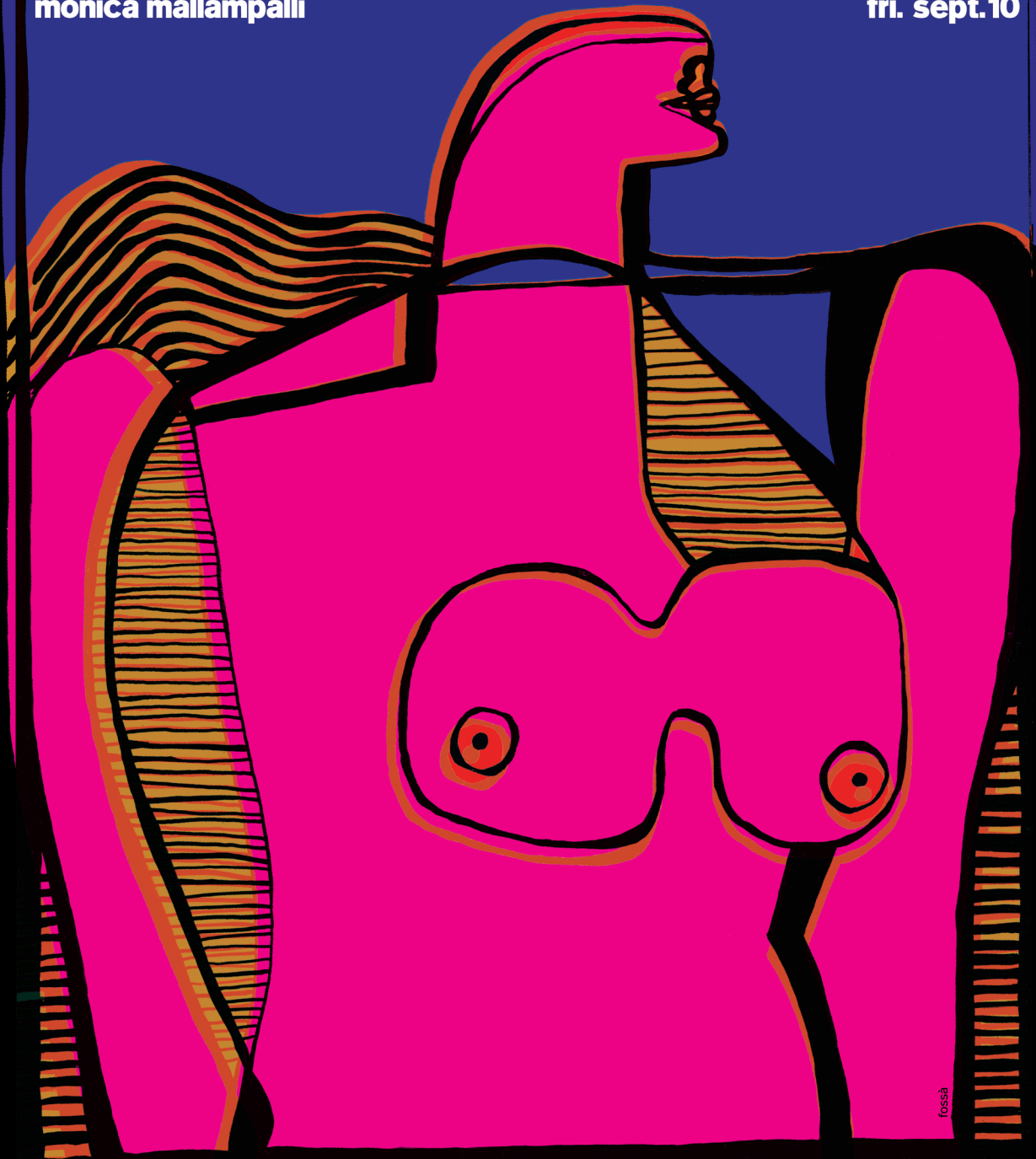
The Veterans Health Administration (VHA) is the largest integrated healthcare system in the United States with approximately 9 million Veterans accessing VA healthcare each fiscal year. This course will focus on the implementation of a pain management team (PMT) at each VA facility as mandated by the Comprehensive Addiction and Recovery Act (CARA) legislation in 2016. These pain teams integrate medical management, behavioral therapy, physical medicine, and rehabilitation therapies, in addition to integrative pain care approaches. The pain





monica mallampalli

fri. sept.10



fossa

A TURNING WIND

women, pain, and achieving health equity





teams also offer access to treatment for opioid use disorder. Based on information from an internal VA Pain Management Survey in 2019, we will share the successes for implementation of interdisciplinary pain clinics and identify barriers to team-based care. We will discuss collaborative pain care with shared responsibility between primary care and pain specialty care clinicians for patients with high impact pain or at high risk. Options for ensuring improved pain care will be highlighted for those sites that are under resourced and face numerous barriers.

VHA-02

Evolution, Not Revolution: Opioid Safety in 2021

Sanjog S. Pangarkar ● Friedhelm Sandbrink ●
Robert D. Sproul

Sat ● 9:40a – 10:30a L4 ● Nolita 3

In 2013, the Veterans Health Administration (VHA) implemented the most comprehensive assessment and overhaul of opioid prescribing and pain care of any healthcare system in the country. This sweeping reform was labeled the Opioid Safety Initiative and attempted to curb inappropriate opioid prescribing and provide alternative pain care strategies. The course will discuss how the initiative has progressed and challenges associated with clinical care and regulatory oversight, especially with the backdrop of COVID-19. In addition, the VA/DoD Clinical Practice Guideline of Opioid Therapy for Chronic Pain (2017) will be reviewed along with key differences from the CDC Guideline as related to Veterans' care. The lessons from VHA will enable healthcare providers to successfully reduce a reliance on opioids and minimize risks related to opioids and tapering, while exploring aspects of multimodal pain care. Finally, the expansion of the VA's Opioid Safety Initiative at the facility level with a primary focus on risk mitigation will be reviewed, including the availability and expansion of treatment modalities for opioid use disorder and evidence-based treatments for pain.

VHA-03

Off Script: Why You Should Write for Behavioral Medicine

Jennifer L. Murphy ● Sanjog S. Pangarkar

Sat ● 11:00a – 11:50a L4 ● Nolita 3

Interest in nonpharmacological pain management modalities has gained prominence as healthcare providers and systems seek ways to minimize risk and improve patient outcomes. The VA has been training clinicians in cognitive behavioral therapy for chronic pain (CBT-CP) since 2012 and has made treatment access a priority. In this course, evidence for the effectiveness of CBT-CP will be reviewed along with options on how this approach can be incorporated more readily into comprehensive pain management. Behavioral pain medicine is also a key component of interdisciplinary pain rehabilitation programs. Details regarding implementation and outcomes of these modalities will be reviewed. These treatment options focus on how to empower those with pain by equipping them with self-managed pain skills. By identifying what matters most to the person with pain, CBT-CP and interdisciplinary pain programs emphasize ways to maximize wellness and harness resilience against pain.

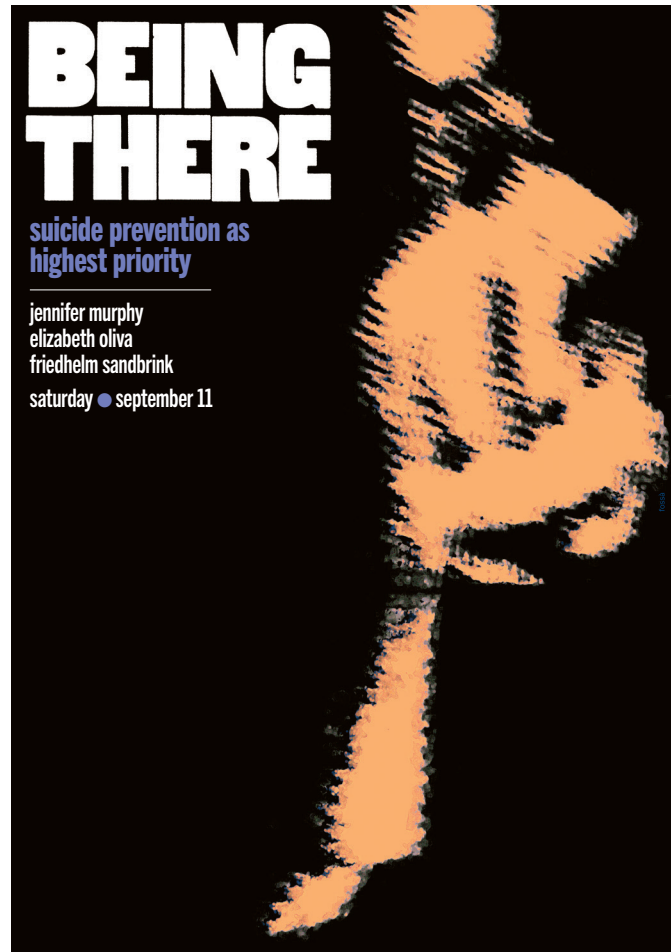
VHA-04

Being There: Suicide Prevention As Highest Priority

Jennifer L. Murphy ● Elizabeth Oliva ● Friedhelm Sandbrink

Sat ● 1:30p – 2:20p L4 ● Nolita 3

Multiple studies have documented the link between the presence of chronic pain and risk of suicide, with higher severity of pain predicting greater likelihood of suicide. The concern that opioid tapering or discontinuation may further exacerbate the risk of suicidal ideation, suicide attempts, and suicide deaths has received great attention. Suicide is now the 10th leading cause of death, accounting for more than 48,000 deaths in 2018, with Veterans accounting for approximately 17.6 suicide deaths every day. This course describes factors contributing to suicide risk and how to reduce it in a pain clinic setting. We will focus on the care of the patient with high impact pain, with particular attention to opioid therapy, dosage reductions, and discontinuations. Best practices from VHA, including system-wide reviews of patients at high risk that have reduced mortality, will be used to help pain clinicians identify patients at risk, through screening at intake evaluations and by leveraging predictive analytic tools.

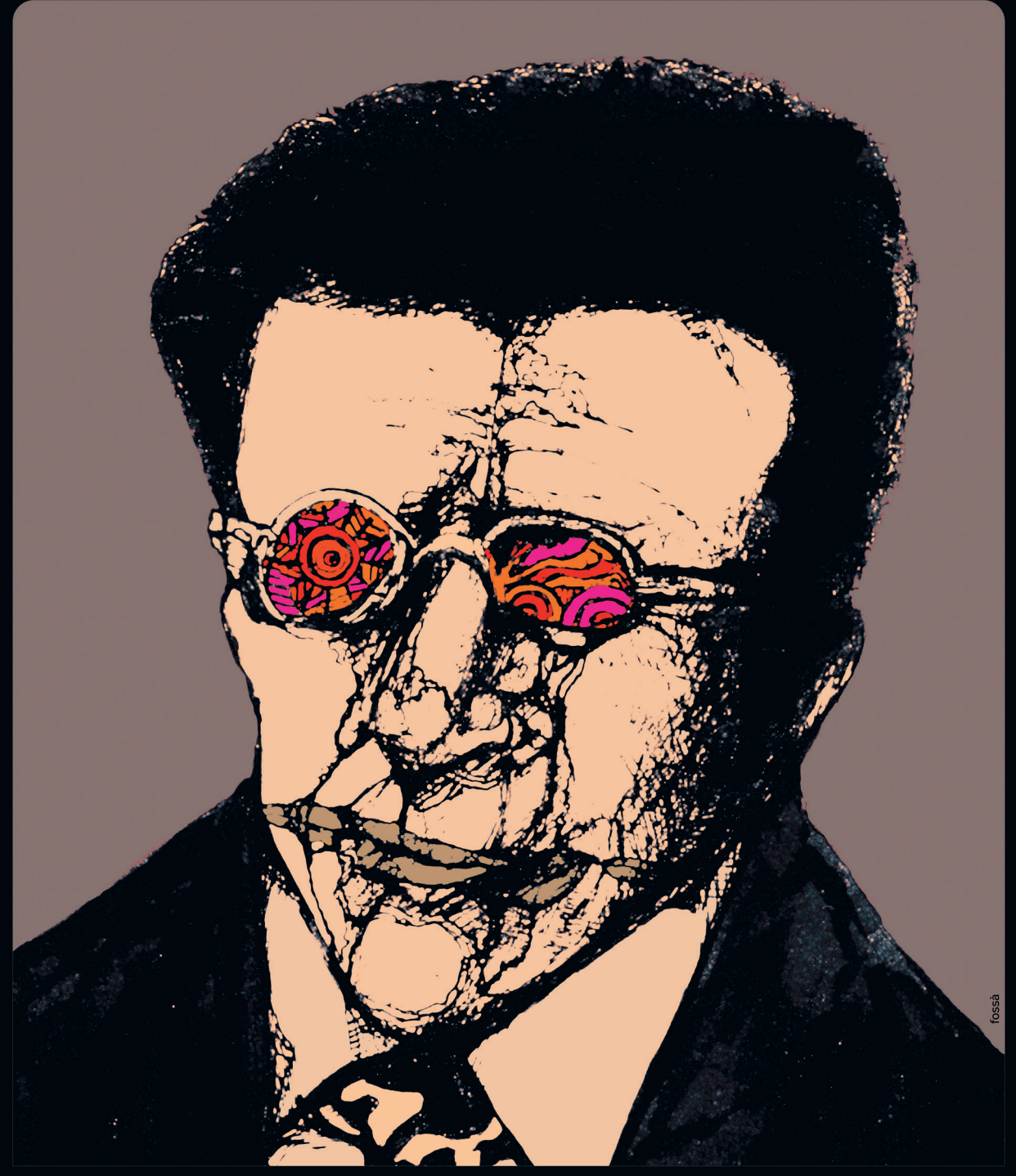




EVOLUTION, NOT REVOLUTION

OPIOID SAFETY IN A BRAVE NEW WORLD

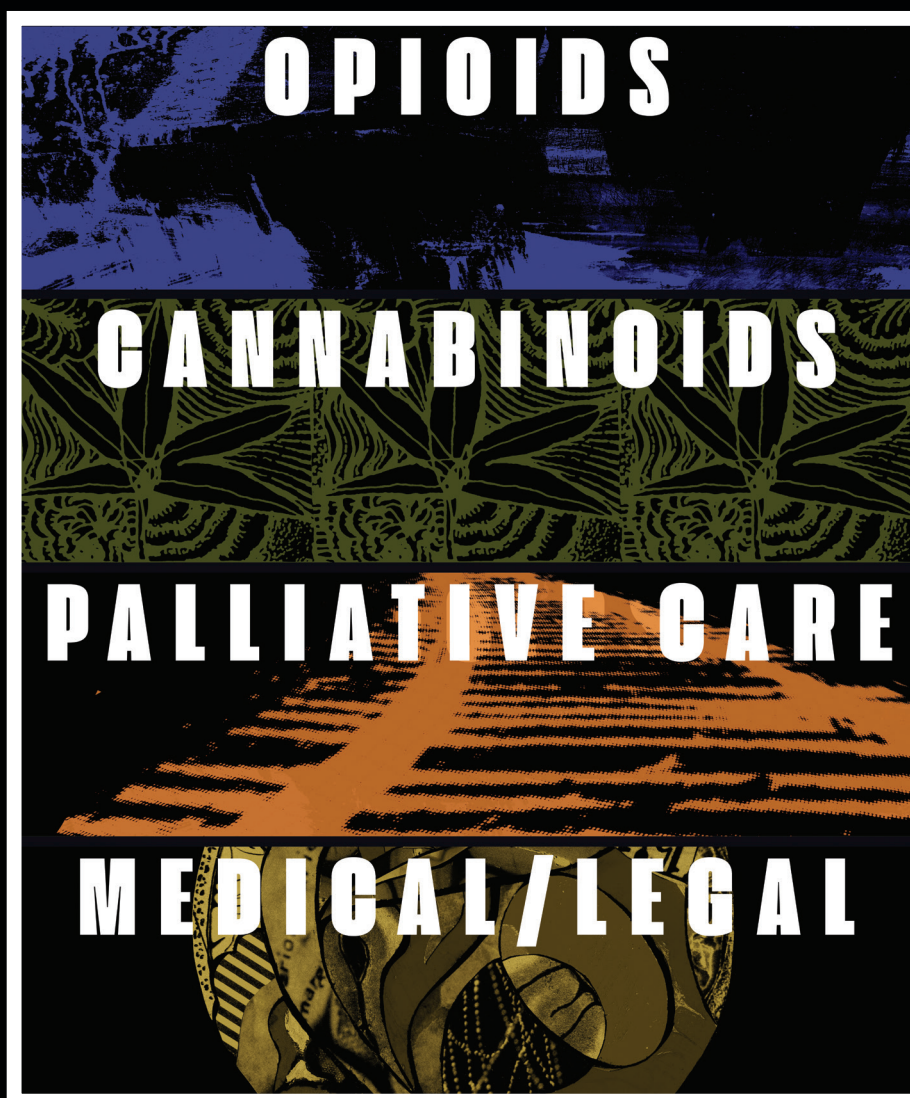
SANJOG PANGARKAR FRIEDHELM SANDBRINK ROBERT SPROUL  SAT, SEPT 11





PainWeek **ADVANCED**
EDUCATION

CERTIFICATION **SERIES**



As a leader in pain education, PAINWeek is pleased to announce the launch of the Advanced Education Certification series. These provide 15–25 CE/CME credit hours across both on demand and live virtual sessions with subject matter experts. The purpose of this series is to provide a practical framework for continuing professional development among frontline practitioners. Learn more at www.painweek.org.

BRAINWEEKTM **twenty**
22

Practical education for specialists and frontline practitioners treating CNS disorders

The Cosmopolitan of Las Vegas
September 6–10

www.brainweek.org





EXHIBITORS



EXHIBIT HALL

RAFFLE SCHEDULE

EXHIBIT HALL HOURS

WEDNESDAY THURSDAY FRIDAY

6:50p - 9:00p 10:00a - 12:30p 10:00a - 12:30p

Welcome Reception 2:30p - 5:00p

Closing Reception

3:30p - 4:30p

THURSDAY

10:40a & 4:00p

FRIDAY

10:40a & 4:00p

Sana
401

Ethos
405

EPI /
Alpha-Stim
409

Abbott
411

ADS
413

Summus
Medical
Labs
415

OPNT
417

Medosi
419

Rose
Health
421

423

RedHill
Biopharma
303

Hisamitsu
USA
305

THOR
307

Helixmith
311

Preferred
Med Supply
414

Pronota
Labs
416

SUBLIMED
RBI
315

418

Lakeview
Health
418

OCES
319

TCC
420

Salix
203

Averitas
Pharma
205

Compulink
209

USMM,
LLC
312

PMN
314

AbbVie
213

ABS
215

316

CompuGroup
Medical
217

BDSI
103

H-Wave
204

Galt
206

AppliedVR
208

BXRX
212

Milkenium
Health
214

Pain
Script
216

Imocoil
320

Paradigm
Labs
102

Therionica
104

Fidia
106

Verros
Medical
108

VO
OrthoCore
110

AGHC
112

Psychic
Readings
113

UseVegas
HEALS
115

Überlube
220

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 m.painweek.org or the PAINWeek App for most up-to-date information.

NeuroStar
218

Lucid
Lane
117

The
Vitacis
Group
119

LLS
221

Core
322

Aspen
Medical
Products
321

CHAMP
424

ASPEN
IPAIN
323

IPAIN
325

Trend
Medical
217

Pentec
Health
219

Neuro
222

Neuro
121

123

**411 Abbott**

www.abbott.com

Abbott is a global healthcare leader that helps people live more fully at all stages of life. Our portfolio of life-changing technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Our 109,000 colleagues serve people in more than 160 countries. Connect with us at www.abbott.com, on LinkedIn at www.linkedin.com/company/abbott-/, on Facebook at <http://www.facebook.com/Abbott> and on Twitter @AbbottNews.

213 AbbVie Inc.

www.abbvie.com

Bolstered by Allergan's neuroscience legacy, AbbVie is a committed leader in migraine with an almost 25-year history in migraine research. We fight alongside people living with migraine, their care partners, and clinicians against migraine's often-unrelenting burden and work to preserve personhood for those facing this neurological disorder. Our current effective migraine treatments demonstrate our dedication to addressing the unmet needs of migraine patients—and we continue to strive for science that makes a difference.

112 Aeon Global Health

www.aeonglobalhealth.com

Visit our booth for more information.

215 Alternative Biomedical Solutions

altbio.com

ABS is a trusted partner for equipment, software, technical service, consumables, consultancy, and training—providing solutions to get drug testing labs set up, running, or optimized across markets an array of markets including physician's office laboratories and treatment centers. ABS is a full-service, ISO-certified laboratory solution company providing new and refurbished clinical chemistry and mass spectrometry analyzers, parts, customized support and service agreements, consumables, and data management. ABS has a nationwide support team to ensure operational effectiveness with decades of expertise. Whatever your labs needs are, ABS is happy to help you find the right solution efficiently and economically.

413 American Drug Screen Corporation

adsdrugtest.com

The American Drug Screen Corporation is a fast growing company bringing change and innovation to accommodate your drug testing needs. We offer top of the line drug of abuse testing products, such as, our integrated cups, the Eco Cup, Eco II Cup, Eco III Cup, and Push-Button Cup. ADS carries numerous configurations of Dip Cards and quality Forensic Use Only saliva tests like the Swab Cube and the Oral Cube. Our products are widely used in drug courts, correctional facilities, behavioral health treatment centers, and law enforcement. With over 2 million dollars worth of inventory in stock.

323 American Society of Pain and Neuroscience

asnpain.com

The American Society of Pain and Neuroscience was established to lead us to an age of scientific enlightenment via mutual collaboration with physician members, scientists, governmental agencies, payers, centers of higher education,

and other medical societies. ASPN was created to bring the top minds in the fields of pain and neuroscience together to improve patient outcomes, education, and research in an all inclusive society that encourages mutual encouragement and diversity.

208 AppliedVR

appliedvr.io

AppliedVR is changing the pain paradigm with a comprehensive virtual reality-based prescription therapeutic that encompasses the biological, psychological and social factors that influence how people experience chronic pain. Our flagship product trains patients to change the way they process pain and develop new, positive habits and coping skills that improve quality of life. Our solution can easily be self-administered by patients in the comfort of their own homes, at any time, without restrictions tied to a healthcare professional's schedule – advancing remote care as well as quality and equity in chronic pain management.

321 Aspen Medical Products

www.aspenmp.com

With more than 25 years of research driven design, Aspen is committed to developing the highest quality products that make a difference. Backed by peer-reviewed studies, biomechanical analyses and industry leading research, Aspen products help improve patient outcomes and continue to drive standard of care practices. Aspen's core philosophy is to innovate and advance clinically-based solutions focused on serving our customers' needs and enhancing patients' lives.

422 Association of Migraine Disorders

www.migrainedisorders.org

The Association of Migraine Disorders (AMD) is devoted to expanding the understanding of migraine disease. We offer educational resources for medical providers and their patients including a free, comprehensive online CME course (6.5 credits), a free Clinician Resource Kit and an annual medical symposium with CME credits available. We also manage the Migraine Science Collaborative, an online community for medical professionals and researchers with an interest in migraine and headache diseases. Stop by our booth to learn more.

205 Averitas Pharma

www.qutenza.com

QUTENZA® (capsaicin) 8% topical system is indicated in adults for the treatment of neuropathic pain associated with postherpetic neuralgia (PHN) and for neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet.

212 Baudax Bio, Inc.

www.baudaxbio.com

Baudax Bio is a pharmaceutical company focused on developing and commercializing innovative products for patients in acute care settings. We are committed to bringing clinically meaningful therapeutic options to patients, health care providers, and payers. We have an approved non-opioid analgesic and other products in development: non-opioid, anesthesia-related agents for neuromuscular blocking and reversal.





103 BioDelivery Sciences International, Inc. (BDSI)
bdsi.com

BioDelivery Sciences International, Inc. (NASDAQ: BDSI) is a commercial-stage specialty pharmaceutical company dedicated to patients living with chronic conditions. BDSI has built a portfolio of products that include utilizing its novel and proprietary BioErodible MucoAdhesive (BEMA®) technology to develop and commercialize, either on its own or in partnership with third parties, new applications of proven therapies aimed at addressing important unmet medical needs. BDSI's marketed products address serious and debilitating conditions, including chronic pain and opioid-induced constipation.

424 CHAMP
headachemigraine.org

The Coalition for Headache and Migraine Patients (CHAMP) is a non-profit that provides support to people with headache, migraine, and cluster diseases who are often stigmatized and under-served. CHAMP brings together 20 organizations and opinion leaders in this disease area to enhance communication, coordination, and collaboration to more effectively help people wherever they are on their patient journey. CHAMP works closely with all participants and stakeholders to fight the stigma of migraine and headache diseases, and to ensure patients have access to innovative treatments that are creating a new era of improved outcomes for people living with headache diseases.

111 Clarius Mobile Health
clarius.com

With high-definition imaging, Clarius HD is the ideal wireless ultrasound system for acute pain procedures. It delivers the power and image quality of larger, more expensive systems in an affordable device that fits in your pocket and works with most iOS or Android smart devices. You'll clearly see anatomy in real-time for 100% accuracy. Clarius HD has specialized workflows, automated AI optimization delivers best-in-class image quality, it's ideal for small spaces. It fits in your pocket, without cords! Cleaning and disinfection are simple and fast. No annual fees. Free Clarius Cloud storage. Unlimited users.

316 CompuGroup Medical
www.cgm.com/us

With customers in 56 countries and more than 1.6 million professionals using its software, CompuGroup Medical is one of the leading eHealth companies in the world. During PAINweek, we will be showcasing CGM LABDAQ and CGM APRIMA. CGM LABDAQ is a leading lab management software that helps labs work more efficiently, maximize reimbursements, and maintain CLIA compliance. CGM APRIMA is an 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. Join us in booth 316, or visit cgm.com/us to learn more.

209 Compulink Healthcare Solutions
www.compulinkadvantage.com

A leader in specialty-specific, all-in-one EHR and practice management solutions, Compulink's Advantage SMART Practice® uses artificial intelligence to improve clinical and financial results. Designed to maximize your time while seeing patients, Advantage includes everything you need to optimize workflow including pain management-specific EHR, PM, patient engagement, and RCM.

105 Emergent BioSolutions
www.emergentbiosolutions.com

Emergent BioSolutions is a global life sciences company dedicated to one simple mission—to protect and enhance life. We develop, manufacture, and deliver a portfolio of medical countermeasures for biological and chemical threats as well as emerging infectious diseases.

409 EPI/Alpha-Stim
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. The body and brain functions electrochemically and can be readily modified by electrical intervention. 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, visit www.alpha-stim.com.

405 Ethos Laboratories
ethos-labs.com

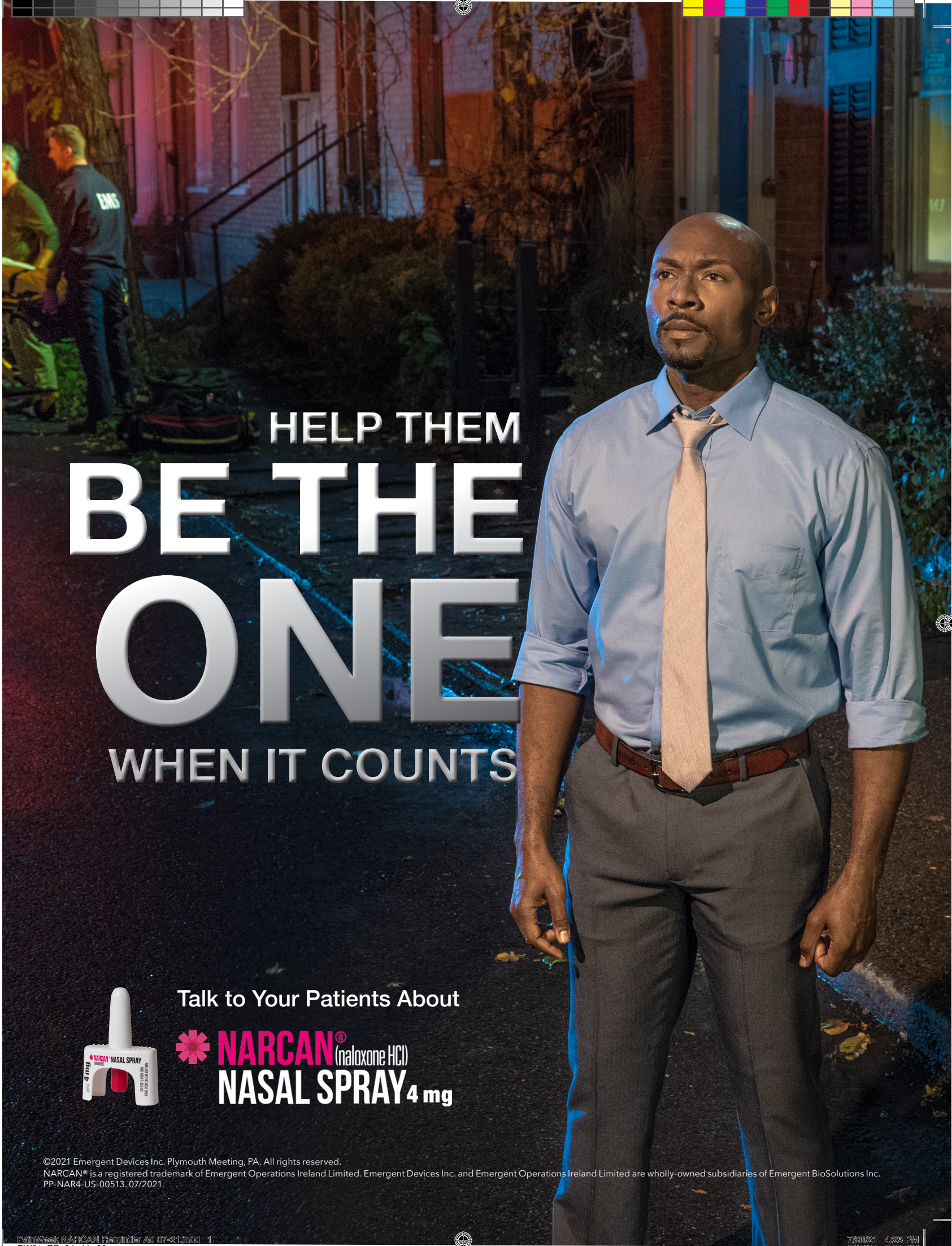
Ethos Laboratories is a CAP accredited laboratory delivering best-in-class diagnostic services for each individual provider, helping to make clear and confident decisions about patient treatment options. Ethos' commitment to R&D yields state-of-the-art testing options, keeping its mission to help more patients in clear focus. Ethos' Foundation Pain Index (FPI) is the world's first objective and reproducible diagnostic test that targets chronic pain biomarkers. FPI testing provides a score that describes the degree of abnormal biochemistry relevant to chronic pain on a scale of 1-100. FPI equips providers with access to objective data regarding the biochemical origins of their patients' pain.

106 Fidia Pharma USA
fidiapharma.us

FIDIA PHARMA USA INC. is a fully owned subsidiary of Fidia Farmaceutici S.p.A., a global pharmaceutical leader in hyaluronic acid (HA) based products which was founded in 1946 and is headquartered in Abano, Italy. FIDIA PHARMA USA INC. began operating in 2011 and is headquartered in Florham Park, NJ. Since its inception, our team of professionals has focused on expanding Fidia's position in the U.S. and Canadian markets, providing its customers with unique, innovative and reliable HA-based treatment options. Our primary therapeutic areas are knee joint healthcare and women's health.

206 Galt Pharmaceuticals
galtrx.com

Galt is a pharmaceutical company, operating under a franchise model. Galt specializes in a non-opioid pain medication, an insomnia medication and a medication for oral candidiasis. Galt's mission is to enhance the quality of life of patients with products that address unmet clinical needs.



HELP THEM
BE THE
ONE
 WHEN IT COUNTS

Talk to Your Patients About



NARCAN[®] (naloxone HCl)
NASAL SPRAY 4 mg

©2021 Emergent Devices Inc. Plymouth Meeting, PA. All rights reserved.
 NARCAN[®] is a registered trademark of Emergent Operations Ireland Limited. Emergent Devices Inc. and Emergent Operations Ireland Limited are wholly-owned subsidiaries of Emergent BioSolutions Inc.
 PP-NAR4-US-00513_07/2021.





204 H-Wave

www.h-wave.com

H-Wave® is a proven, evidence-based medical device intended to speed musculoskeletal recovery, restore function, and manage chronic and post-operative pain. It's a non-invasive drug-free treatment prescribed for home use. Patients benefit from personalized instruction and long-lasting, on-demand electronic anesthesia, enhanced regional blood flow and improved lymphatic action. When opioid sparing technique and outcomes drive your treatment focus, H-Wave's advanced technology and service provide the best opportunity for real results.

311 Helixmith

www.helixmith.com/eng

Helixmith is a gene therapy company developing new and innovative biopharmaceuticals based upon its proprietary scientific platform technology to address unmet medical needs. VM202, the most advanced pipeline candidate, is a plasmid DNA therapy being studied in six different indications including in a currently enrolling phase 3 trial for painful diabetic peripheral neuropathy. Beyond potentially alleviating pain, VM202 is designed to target the underlying causes of neuropathy through its predicted angiogenic and neuroregenerative properties.

305 Hisamitsu-USA

us.hisamitsu

Hisamitsu America is the US division of Hisamitsu Pharmaceutical Co., Inc., founded in 1847, which has specialized in transdermal drug delivery system technology since the introduction of its Salonpas line of patches in 1934. The Salonpas® product line is registered in over 30 countries and has pioneered the development of transdermal patches to relieve pain. Salonpas is the #1 Analgesic Patch recommended by doctors as measured by IQVIA ProVoice in the US, and since 2010, has become one of the fastest growing OTC brands in the USA.

107 IBSA Pharma Inc.

www.ibsa-pharma.us

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 has a commitment to scientific research and improving the health of patients. As of January 2021, marketing rights for Flector® have reverted to IBSA, the originator of the product. In 2020, IBSA launched Licart™ (diclofenac epolamine) topical system 1.3% for the relief of acute pain associated with minor strains, sprains, and contusions. Licart is the 1st and only once-a-day topical nonsteroidal anti-inflammatory drug (NSAID) therapy approved by the FDA.

109 Impel NeuroPharma

impelnp.com

Impel NeuroPharma, Inc. is a Seattle-based pharmaceutical company focused on utilizing its proprietary technology to develop and commercialize transformative therapies for people suffering from diseases with high unmet needs, with an initial focus on diseases of the CNS. The Company is rapidly advancing a late-stage product pipeline that pairs our proprietary Precision Olfactory Delivery (POD®) system with well-established therapeutics, including INP104 for the acute treatment of migraine, INP105 for the acute treatment of

agitation and aggression in patients with autism, and INP107 for OFF episodes in Parkinson's disease. To learn more about Impel NeuroPharma, please visit our website.

320 Innocoll Biotherapeutics

www.innocoll.com

Innocoll is a biotherapeutics pharmaceutical company focused on the development and commercialization of pharmaceutical technologies to meet some of today's most important healthcare challenges. We utilize our proprietary collagen-based technology platform to develop biodegradable and fully resorbable products. Our processes and technologies enable us to control the drug elution dynamics, texture, consistency, resorption time and other physical characteristics of the finished product. Our lead product, XARACOLL® (bupivacaine HCL) Implant, was approved by the U.S. Food and Drug Administration in August 2020.

325 International Pain Foundation (iPain)

www.internationalpain.org

We recognize the value of every person who makes up the chronic pain community. We are guided by our commitment to excellence, leadership and patient empowerment. We offer projects in pain education, awareness, social and access to care. These include iPain Living Magazine, genomic testing, NERVEmer project, and more.

418 Lakeview Health

www.lakeviewhealth.com

Lakeview Health celebrates 20 years of empowering profound recovery for those with substance use disorders. A passionate and expert team of doctors and clinicians work with complex and dual diagnosis patients in our residential medical and detox facility in Jacksonville, Florida. We take chronic pain and its relationship to addiction seriously. Our respected approach to managing pain is led by a doctor with over 15 years of experience in pain management. We feature a wellness center, physical therapy and full-time exercise specialists. We have a nutritionist and our chef prepares Mediterranean meals specifically created to reduce inflammation.

115 Las Vegas HEALS

www.lasvegasheals.org

Las Vegas HEALS (Health, Education, Advocacy, Leadership of Southern Nevada) is a coalition of medical and wellness industry professionals, organizations & institutions devoted to improving the access and delivery of healthcare. We are devoted to improving the quality of health care, and to communicating industry developments to the people of Southern Nevada.

221 Lighthouse Lab Services

www.lighthouselabservices.com

With 18 years of experience, Lighthouse Lab Services is a trusted partner of clinical laboratories across the country. Our team consists of 190+ professionals and industry experts, including 11 PhDs. Whether you are looking to start a lab or grow your current business, we help laboratories accelerate their success. We make quality lab testing more accessible!





117 Lucid Lane

www.lucidlane.com

Lucid Lane's mission is to empower people with medication dependence and substance-use disorders to live better, healthier lives. We provide a comprehensive telehealth treatment solution to address medication dependency and addiction along with co-occurring pain and mental health challenges for patients on medications such as opioids, benzodiazepines and other substances. Our solution consists of medication taper management, medication assisted treatment, pain and mental health therapy and on-going counseling support on a daily basis. We are present in over 30 states and accept most commercial insurances, Medicare, Tricare and Medicaid across states.

419 Medosi Health

medosi.com

Medosi Health is focused on the healthcare market. We bring a professional and science based approach to CBD and believe CBD should be treated as a therapeutic and not a recreational product. In an unregulated market, Medosi CBD provides the utmost integrity and professional product quality at an accessible price. There is ample evidence that CBD is very safe and a very effective adjunct product. It is also much better that your patients get a reliable product from you with proper direction and education. We have an experienced team and medical advisors and the best educational materials for practitioners.

214 Millennium Health

www.millenniumhealth.com

Millennium Health is an accredited specialty laboratory with over a decade of experience delivering timely, accurate, clinically-actionable information through our nationwide medication monitoring and drug testing services. Clinical drug testing is used in various healthcare settings to obtain objective information about patients' recent use of prescription medications and illicit drugs. Processing over a million specimens each year allows us to provide real-time analytics regarding emerging drug use trends, such as our studies published in JAMA and our most recent Millennium Health Signals Report™.

218 NeuroStar

neurostar.com

NeuroStar is proven for people who haven't benefited from prior antidepressant medication. Over 4 million treatments performed across the US. NeuroStar is the only transcranial magnetic stimulation with demonstrated durability over 12 months, backed by the largest clinical dataset of any TMS for depression. Only NeuroStar has contact sensing to ensure the right dose is being delivered to the right location every time. NeuroStar has the 5-STARs to Success program, a proven formula for driving clinical outcomes and growth for practices. www.NeuroStar.com

121 Nevro

www.nevro.com

Nevro is a global device company providing individualized relief from chronic pain with HFX™, a comprehensive platform of innovative technologies, advanced therapies, and end-to-end support. In addition to its therapy algorithms, based on the outcomes of 70,000 patients, Nevro provides each patient with a dedicated HFX Coach™ trained to remotely optimize therapy

when the patient needs it. The HFX platform includes spinal cord stimulator devices with the broadest range of frequencies and waveforms in the industry, including unique 10 KHZ therapy, which has demonstrated superior back and leg pain relief versus traditional spinal cord stimulation.

417 Opiant Pharmaceuticals

www.opiant.com

Opiant Pharmaceuticals is building a leading franchise of new medicines to combat addictions and overdose. At Opiant, we envision a world where addictions are recognized as diseases of the brain and treated like other chronic medical conditions. We are applying science and technology to address some of the most serious conditions affecting our communities, including opioid overdose and opioid use disorder. Our current lead investigational product is OPNTOO3, nasal nalmeferene, in development as a potent, rapid-onset, long-acting opioid antagonist for the treatment of opioid overdose, which may be especially useful in treating overdose by high-potency synthetic opioids, such as fentanyl.

319 Opioid Consulting Educational Solutions

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.

314 Pain Medicine News

www.PainMedicineNews.com

Pain Medicine News, the most widely read pain publication in the United States according to Kantar Media, is mailed to 41,828 pain-treating physicians and to 41,152 pain-treating nurse practitioners and physician associates. It 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.

216 Pain Script

www.Painscript.com

PainScript is a medically necessary application, focused on improving care plan and medication adherence for chronic pain and SUD patients under physician treatment. The PainScript application has been demonstrated as effective in 9-peer reviewed and published clinical trials, cofounded by NIH/NIMH. Potential reimbursement exists via closely aligned Digital E&M CPT codes, the PainScript system increases patient adherence to treatment protocols in between physician appointments. The daily clinical communication is a concierge approach providing a higher level of personalized care, EHR connection and retained data for treatment history and an affirmative litigation defense. Our solution is white labeled for your branding.



102 Paradigm Labs
paradigm.healthcare

Paradigm is a CAP- and CLIA-Accredited clinical toxicology laboratory providing LC/MS/MS testing services through its flagship product - Benchmark UDT™ Test Profile, which consists of LC/MS/MS presumptive and definitive testing. We understand physicians and allied healthcare practitioners need drug testing services that promote their compliance with current clinical risk mitigation standards and health plan medical necessity requirements. Our Benchmark UDT™ platform is truly cost-effective and comprehensive. We report test results within 48 hours of the lab's receipt of the specimen. Benchmark UDT™ reports cover 65+ specific analytes and include medication matching and quantitative values for physician evaluation.

219 Pentec Health
pentechealth.com

Pentec Health, Inc. is a Joint Commission accredited specialty pharmacy and infusion provider that specializes in providing comprehensive care for patients with implanted pumps treating severe pain and/or spasticity. Our proprietary electronic communications platform ensures all disciplines remain informed and focused on improving patient outcomes.

322 Perspectives in Care
perspectivesincare.com

Perspectives in Care is a NEW, digital support program combining the FIRST and ONLY patient-reported outcome tool scientifically proven to mitigate risk in pain management settings, clinical education on a novel prodrug opioid therapy and monthly round table discussions with forward-thinking industry leaders. This sponsored program is designed to help mitigate the risks associated with opioid therapy, provide medicolegal support to providers and encourage meaningful dialogue around new techniques to identify and address pain, addiction and diversion.

414 Preferred Med Supply
preferredmedsupply.com

Preferred Med Supply is dedicated to providing high quality drug/substance abuse testing supplies to the Medical profession as well as the general public. We offer multi-panel drug test cups and testing strips. Our catalog is constantly expanding and updating. If you require an item that is not available in our catalog, please reach out to us, as we can acquire to fit your needs, if available. We also stock a wide variety of the highest quality orthotic braces in our Nashville fulfillment center. We stock the most popular HCPCS codes for your DME needs.

416 Prorenata Labs
prorenatalabs.com

Prorenata Labs is a local, family-owned Phoenix, Arizona lab. We have positioned ourselves to have key associations with companies that can substantially increase your business's profitability. Adherence to state and federal laws is something we take pride in, which we attain through the process of collecting the required documentation prior to billing. Through customizable panels we can adapt any of our requisition forms to fit any specific custom testing you require. Our company cares about the interactions we have with our clients and provides easy access to our highly trained handpicked staff.

113 Psychic Readings
Visit our booth for more information.

303 RedHill Biopharma
www.redhillbio.com

RedHill Biopharma is a specialty biopharmaceutical company focused on gastrointestinal diseases and infectious diseases.

317 Regenesi Biomedical
www.regenesibio.com

Regenesi Biomedical is a medical device company dedicated to improving human welfare through the research, design, manufacture, and sale of energy-based medical products & services that alleviate pain, restore health, and improve quality of life.

421 Rose Health
rosehealth.com

An AI platform that easily integrates behavioral health, tracks patient outcomes and allows you to monitor patients remotely all while creating an ancillary revenue stream for your practice.

203 Salix Pharmaceuticals
www.salix.com

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 and connect with us on Twitter and LinkedIn.

401 Sana Health
www.sana.io

Experience 16 minutes of deep relaxation, which your patients can experience at home whenever they wish, to improve their well-being and sleep. The results of our pivotal study at Duke University, for the treatment of fibromyalgia, will be presented at PAINWeek.

315 SUBLIMED
subli-med.com

actiTENS®, a clinically proven, drug-free, miniaturized and App-enabled neurostimulator for the treatment of chronic pain. From CHRONIC PAIN to ACTIVE LIFE. actiTENS® neurostimulator already helps more than 15,000 patients managing their pain while remaining totally invisible, hidden under clothes. The whole treatment being monitored and adjusted by the patient, discreetly, through its smartphone and actiTENS application. SUBLIMED is a French company, manufacturing actiTENS®, the only App-enabled wearable neurostimulator clinically proven as more effective and better tolerated than weak opioids in knee osteoarthritis pain. actiTENS® is made in France, CE marked & FDA cleared. SUBLIMED is ISO 13485 certified.





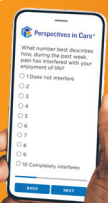
The most comprehensive patient and provider support program for pain management



Novel Prodrug Opioid Therapy



Risk-Mitigation Digital Platform



What is Perspectives in Care?

The Perspectives in Care program is a free (sponsored) resource for healthcare providers and patients. This unique program offers education and a patient-reported outcomes (ePRO) tool aimed at mitigating the risks associated with opioid prescribing. We know time with patients is limited. We also know that as a prescriber of controlled substances, you are being asked to do more. Let us help by doing some of the work for you.

- Captures 50% of the medicolegal data required to initiate/continue CST
- Accessed by the patient outside of the office prior to each visit
- Ensures thorough chart documentation
- Tracks change in patient risk and therapy benefit over time
- Provides clinical information on novel prodrug opioid therapies

To use this FREE program for opioid prescribers call (833) 404-1882 or visit:

[PerspectivesInCare.com](https://www.PerspectivesInCare.com)

Booth #322
FREE chart audit!
\$500 Value

First 50 health care providers to sign up and participate in a virtual product presentation will receive a FREE chart audit.

This program is sponsored and supported by:





415 Summus Medical Laser
summuslaser.com

Summus Medical Laser is a U.S. pioneer in Class IV laser therapy with over 15 years of experience. Our goal is to improve lives, not only through revolutionizing laser therapy, but by ensuring the success of our providers. We are relentlessly focused on developing the most advanced therapeutic lasers that provide Regenerative, Non-Invasive, Pain Management™ using the scientifically proven modality of photobiomodulation to reduce pain and inflammation, enhance tissue healing and increase circulation.

420 Take Courage Coaching
www.TakeCourageCoaching.com

Visit our booth for more information.

104 Theranica USA
nerivio.com

Theranica has a highly experienced team that has set a goal to translate our technological and business knowledge in mobile digital solutions to the field of pain therapeutics. We develop non-invasive, drug-free, personalized and affordable wearable therapeutic products for the treatment of pain by integrating the latest neuroscience research with notable technological expertise. Theranica's novel smartphone-controlled prescription migraine wearable device, Nerivio®, was recognized in TIME Magazine's 2019 annual list of the 100 Best Inventions.

307 THOR Photomedicine
www.novothor.com

THOR Photobiomodulation (PBM) is an alternative to opioid pain relief. We are revolutionizing pain management and injury recovery using red and near-infrared light. PBM, when applied to pathologies, is absorbed in mitochondria and triggers regenerative and anti-inflammatory processes. THOR collaborates with world-class institutions including, St Jude, the VA, Harvard, Penn and NYU. Our customers also include US Air Force, US Special Forces, Navy Seals, NATO and professional sports teams. They love our technology because it not only relieves pain, it helps people heal.

217 Trend Medical
www.trend-med.com

Visit our booth for more information.

220 Überlube
www.uberlube.com

Überlube Luxury Lubricant: not harmful to healthy bacteria or pH levels. Physician recommended, used in OB-GYN practices. Cruelty free with no animal products and vegan friendly. No alcohol, no gluten, no glycerin, no parabens, no scents and flavors. Latex safe, but not recommended for use with silicone. Made in USA. Überlube for Sex: not just slippery, Überlube transfers sensation while reducing friction. Überlube for Sport: long lasting anti-chafe for running, swimming, biking. Überlube for Style: smooth Überlube over unruly or frizzy hair for a perfect understated sheen. Überlube Chicago. med@uberlube.com. (888) 391-8082.

312 us WorldMeds
lucemyra.com

LUCEMYRA (lofexidine) is the only FDA-approved, non-opioid, non-addictive treatment for relief of multiple symptoms of opioid withdrawal in adults. More than 93,000 people died from drug

overdoses in 2020, nearly 30% more than the record set the prior year. More than 900,000 people have died of overdoses since the U.S. drug epidemic began in 1999. Overdose deaths involving opioids have continued to drive the death toll, accounting for nearly 70,000 overdose deaths in 2020, up from 51,000 in 2019. Patients interested in discontinuing opioid use have an effective option with LUCEMYRA.

108 Vertos Medical
www.vertosmed.com

Vertos Medical was founded to advance the treatment of patients suffering with lumbar spinal stenosis (LSS), a degenerative, age-related narrowing of the lower spinal canal. Its proprietary platform technologies include *mild*®, a fluoroscopically guided procedure that uses a specialized device kit to decompress the spinal canal by removing small pieces of laminar bone and hypertrophic ligamentum flavum. *mild*® is performed through a 5.1 mm treatment portal and all activity is posterior to the epidural space. The outpatient procedure is performed in about an hour under light/MAC sedation. No implants are used and no stitches are required.

119 The Viticus Group
www.viticusgroup.org

Visit our booth for more information.

110 vq OrthoCare
www.vqorthocare.com

Products designed to enrich the quality of life! Electrical stimulation products that provide pain control, and muscle re-education. BioniCare Knee and Hand systems to treat osteoarthritis and rheumatoid arthritis. CBD products designed for the professional office that meet stringent manufacturing and regulatory guidelines. Bracing products to provide protection to the joint and relief from knee or back pain.



SEE YOU IN 2022!





PAINWEEK

**The early bird
is in the nest
for only 5 days.**

Register NOW!

Only \$499*

September 6-10, 2022

*This offer will expire at 11:59p on 9.12.21