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2005 CAPM&R Fun Run/Walk



CAPM&R Photo Contest

You want to participate and win \$50 if your photo is selected and published in the Newsletter?

Please send in your entries at capmr@rcpsc.edu and take note of the following information:

Theme: "The Rockies". Deadline is January 30, 2006.

FROM THE EDITOR

Welcome to what I am sincerely hoping will be my last editorial for the CAPM&R newsletter. I have now been in this position for over 3 1/2 years and feel that it is time for a change.

I am hopeful that during this time the changes to the newsletter have been, by and large, positive ones. We have gone to a fully electronic format from a paper based one. The feedback on this has been very positive, with a few exceptions. We have published some scientific articles, both peer-reviewed and non peer-reviewed. We have generated some letters to the editor on various issues. We have added a few new features, including the photo contest and Education Corner. And we have tried to keep popular features, such as the practice profile.

I have also occasionally tried to be a bit provocative with my editorials, and I have been pleased with the response. Several members have written to me, both in agreement and



**Jeff Blackmer, MD, MHS
(Bioethics), FRCPC**

disagreement with various points of view I have put forward. I see this as a step forward for the newsletter.

All in all it has been an interesting learning experience for me and I thank you for the opportunity. I would also like to thank the excellent staff at the Royal College who truly do the bulk of the work in preparing these newsletters. And finally, I would like to thank my successor - if only I knew who that was. I have asked a number of people and have not been able to find anyone to take over as of yet. So my final task as

Editor will be to issue a plea to our membership - if you are interested in taking over as Editor, please contact the CAPM&R. The time commitment is not too onerous and the rewards are many. This is a great opportunity for a younger physiatrist to become more involved in the Association.

I hope all of you are well and that you have a great holiday season. All the best in 2006.

LE MOT DE LA RÉDACTION

**Jeff Blackmer, médecin,
MHS (bioéthique), FRCPC**

Voici donc, je l'espère, le dernier de mes éditoriaux dans le bulletin d'information de l'ACMP&R. J'ai occupé ce poste pendant plus de trois ans et demi, et il est temps que quelqu'un prenne la relève.

Je me plais à croire que le bulletin d'information a évolué pour le mieux durant cette période. Du support papier, nous sommes passés à la version électronique. À quelques exceptions près, le lectorat s'en dit très heureux. Le bulletin a ouvert ses pages à quelques articles scientifiques, certains ayant fait l'objet d'un examen par des pairs, d'autres non. Des lecteurs se sont exprimés sur divers sujets à la rubrique du courrier des lecteurs. De nouvelles chroniques ont vu le jour, notamment le concours de photos et la note éducative. Enfin, les rubriques prisées paraissent toujours, comme les profils de pratique.

À l'occasion, j'ai emprunté un ton quelque peu provocateur dans mes éditoriaux, et la réaction n'a pas tardé. Plusieurs membres m'ont écrit, pour m'exprimer leur accord pour certains, leur désaccord pour d'autres. J'y vois là une indication de la notoriété grandissante du bulletin d'information.

Pour cette belle expérience d'apprentissage, je vous remercie. J'aimerais également remercier toute l'équipe au Collège royal qui réellement prépare le bulletin d'information. Enfin, je tiens aussi à remercier mon successeur - c'est juste que je ne sais pas qui c'est. J'ai demandé à certaines personnes de me remplacer sans que quelqu'un accepte. Avant de quitter mon poste, il ne me reste plus qu'à lancer un appel à tous les membres - si les fonctions d'éditeur vous intéressent, veuillez communiquer avec l'ACMP&R. Sans être trop exigeante, la tâche est gratifiante. Quelle belle occasion pour un jeune physiatre de participer aux activités de l'Association.

Je vous souhaite une belle période des Fêtes et vous offre tous mes vœux pour le Nouvel An.

PRESIDENT'S MESSAGE

Greetings from snow-covered Southern Ontario, where we have just "enjoyed" our first real storm of the winter season.

The Executive has remained busy on a number of fronts over the past 6 months, including attendance at the CMA meetings (Dr. Colleen O'Connell) and more recently the RCPSC meetings (Dr. Stephen Vallentyne). We continue to feel that it is of importance for CAMP&R to represent psychiatry at the national level at these venues. We will provide highlights of the meetings in the near future.

Planning is well underway for our Annual Scientific Meeting, June 7 - 10, 2006 to be held at the Fairmont Hotel Vancouver. The organizing



Tim Doherty,
MD, PhD, FRCPC

committee is currently putting the final touches on the Scientific Program, which promises to build upon the momentum from recent meetings in terms of high quality education and research. We look forward to seeing you there!

Finally, we will be contacting members by mail or email in the near future in order to obtain your thoughts on future goals and priority setting for the Association. Please take the time to complete and return this as your feedback is extremely valuable in terms of CAPM&R's future directions.

We wish you all a productive and healthy New Year.

MESSAGE DU PRÉSIDENT

Tim Doherty, médecin, PhD, FRCPC

Mes salutations du Sud de l'Ontario couvert de neige, la première vraie tempête de neige vient tout juste de s'abattre sur nous.

Le Comité de direction a été on ne peut plus affairé ces six derniers mois, en assistant notamment aux réunions de l'AMC (Dre Colleen O'Connell) et, récemment, aux réunions du CRMCC (Dr Stephen Vallentyne). Nous sommes toujours convaincus de la nécessité pour l'ACMP&R de représenter la psychiatrie à l'échelle pancanadienne. Nous vous communiquerons les faits saillants de ces réunions sous peu.

La planification de la réunion scientifique annuelle, qui aura lieu du 7 au 10 juin 2006 à l'hôtel Fairmont Vancouver, est bien avancée. Le

comité organisateur met la dernière main au programme scientifique, qui sera certes à la hauteur des volets éducatifs et de recherche de haute qualité des réunions passées. Nous espérons vous y voir en grand nombre !

Enfin, nous communiquerons bientôt avec vous les membres, par la poste ou courrier électronique, afin de connaître vos idées sur les buts et priorités de l'Association à l'avenir. Nous vous saurions gré de bien vouloir remplir le questionnaire, car l'ACMP&R estime que vos réponses lui seront extrêmement utiles pour déterminer ses orientations futures.

Nous vous souhaitons, à tous, bonheur, santé et prospérité en cette nouvelle année.

Research Committee Report

The Best Podium Presentation Awards competition received many entries this year. Through a panel of judges, we selected eight for platform presentation. The three winners of this year's awards were:

Christine Yang (Saskatoon). *Post stroke treatment with cannabinoid for neuronal regeneration.*

Andrei Krassioukov (Vancouver). *From space to clinical reality: transcranial electrical stimulation and amelioration of orthostatic hypotension in animals exposed to simulated microgravity.*

Guy Trudel (Ottawa). *Calcaneal DEXA to indicate Achilles tendon health and repair.*

We would like to thank these and all the other presenters for the time and effort they spent on preparing their presentations. Judging from the attendance rate and response from the audience, they did a great job in helping to raise the quality and visibility of research in our specialty.

Based on the feedback and suggestions we received from the CAPM&R research group members, we decided to divide up the Best Podium Presentation Awards into two streams: basic science and clinical. Most felt that this is a fairer system by allowing each entry to compete against other similar presentations on a more equal footing.

This year's Best Paper of the Year award went to Robert Teasell from the University of Western Ontario. The title of Dr. Teasell's presentation was "*Behavioural Interventions in the Rehabilitation of Acute Versus Chronic Non-Organic Motor Disorders*". Dr. Teasell gave a great talk that aroused much interest from the audience.

The Resident Research Contest went to Dr. Corrie Grabowski from the University of Alberta for her project "*Botulinum Toxin A Versus Bupivacaine Trigger Point Injections for the Treatment of Myofascial Pain Syndrome: a Randomized Double Blind Crossover Study*".

For this year's Student Research Contest, there was a tie for first place. The prize was shared by Alun Ackery from the University of Toronto for his project entitled "*A Global Perspective on Spinal Cord Injury Epidemiology*" and Farrah Mateen from the University of Saskatchewan for her work "*Pleiotropic Effects of Antiplatelet Medications and the Role of the Endothelium*".

The research group list serve works well but needs updates. It is used by many members as a conduit to discuss research related issues from emails. Useful information from funding agencies and news from rehab organizations are also disseminated through this channel in a timely manner. If you are interested in joining the list serve, please email me at ming.chan@ualberta.ca. I will make sure that your name gets added to the mailing list.



Book Review

Pamela Barton, MD, FRCPC

Title: Beyond Pain: making the mindbody connection
Authors: Dr. Angela Mailis-Gagnon and David Israelson
Publisher: Viking Canada

“Beyond Pain, making the mindbody connection” is a 274 page collaboration by Angela Mailis-Gagnon and David Israelson, a former reporter. It is relevant to anyone interested in the experience of chronic pain, be they the lay public, individuals living with chronic pain, health care administrators, students, clinicians and physicians, whether they treat individuals with chronic pain full time or only occasionally. It is particularly excellent in shedding light on the phenomena of neuropathic pain.

In a rich tapestry of patient vignettes interwoven with current knowledge in the field, Dr. Mailis-Gagnon shares her more than 20 years of experience in the field. This book is written in an accessible manner in which the puzzle that is pain is given a human face in the context of each individual’s uniquely personal experience. The relevance and challenge of the biopsychosocial model are underlined by clusters of case histories in which similar “biological” injuries have very different outcomes depending upon the experiential, psychological and cultural background of the individual.

Each of the 12 chapters, aided by the more than 50 patient vignettes, focuses on some specific concept or issue in the field of chronic pain management including pain mechanisms, role of gender, culture and genetics, visceral pain, complex regional pain syndromes and others. Current controversies in pain management are explored including medical marijuana, opioid diversion, addiction, physician and patient opiophobia and the role of methadone. Over 200 sources are referenced including many written by Dr. Mailis-Gagnon.

The last chapter places pain management in its political context. Like the David Suzuki The Nature

of Things episode “A Disease Called Pain”, to which she also contributed, this book is another step forward in the seemingly endless advocacy to bring understanding and appropriate resources to this frequently denigrated and underserved patient population. At the same time it acknowledges the abuses which occur by some patients due to the lack of a diagnostic “gold standard”.

Few Canadian psychiatrists have penetrated the mainstream of the field of chronic pain management which is dominated by anaesthetists, psychologists and nurses. Psychiatrists are past masters of the biopsychosocial and interdisciplinary models for complex patients. Hopefully this book will inspire more in our specialty to bring these much needed skills and perspectives to the field of chronic pain management.

Overall, this book provides a well illustrated and well referenced summary of our current state of knowledge of pain management. For the chronic pain practitioner, it is a very readable summary of their current practice. For other clinicians, it is a very palatable and painless update in a fast moving field of scientific endeavour. For the student, lay person or administrative decision-maker, it provides reasonable explanations for the enigma of the “walking, talking, looks just fine” chronic pain patient. Most of all, this book inspires us by showing that focussing resources, effort and education in the field of chronic pain management can make a difference, and in some cases cure, the pain of many who would otherwise suffer needlessly. We are all richer for the curiosity, tenacity and advocacy which Dr. Mailis-Gagnon has demonstrated in the treatment of her patients and which she has generously shared, with the assistance of Mr. Israelson, in this work.

Resident Research Contest

Botulinum Toxin A versus Bupivacaine Trigger Point Injections for the Treatment of Myofascial Pain Syndrome:

A randomised double blind crossover study



AUTHORS:

Corrie Lynn Graboski, MD, D. Shaun Gray MD, PhD, Robert S. Burnham MD, MSC

OBJECTIVES:

To compare the effectiveness of trigger point injections using Botulinum toxin A (BTX A) or 0.5% bupivacaine in combination with a home based exercise program in patients with myofascial pain syndrome.

DESIGN:

Double blind, randomized crossover trial.

SETTING:

Community physiatry practice.

PARTICIPANTS:

Eighteen patients with myofascial pain syndrome recruited by family physician or physiatrist.

INTERVENTIONS:

Subjects were randomly assigned to receive initial injections of either 25 units of BTX A or 0.5 ml of 0.5% bupivacaine per trigger point. A maximum of 8 trigger points were injected per subject. Subjects were followed until their pain returned to 75% of their pre-injection pain after which there was a

2 week wash-out period. The subjects then had the same trigger points injected with the other agent. All subjects participated in a home exercise program involving static stretches of the affected muscles.

MAIN OUTCOME MEASURES:

Magnitude and duration of pain relief, effect on functional ability, satisfaction, and cost.

RESULTS:

Both treatments were effective in reducing pain when compared to baseline. There was, however, no significant difference between the BTX A and 0.5% bupivacaine groups in duration or magnitude of pain relief, function, satisfaction or cost of care (cost of injectate excluded).

CONCLUSIONS:

Although both BTX A and 0.5% bupivacaine injections were effective, there was no benefit to the use of BTX A over 0.5% bupivacaine in the treatment of myofascial pain.

KEY WORDS:

Myofascial pain syndrome, Botulinum toxin, trigger point injection

Resident Essay Contest

Rehabilitation Following Space Flight

Michael WC Payne



The weightlessness environment of space imposes specific physiological adaptations on healthy astronauts. Upon return to Earth, these adaptations manifest as physical impairments that necessitate a period of rehabilitation. Physiological changes result from unloading in microgravity and highly correlate with those seen in relatively immobile terrestrial patient populations such as spinal cord, geriatric, or deconditioned bed rest patients.

All space agencies are preparing for extended duration missions including colonization of the moon and inter-planetary exploration of Mars.

These longer duration flights will result in severe and prolonged disability, potentially beyond the point of safe return to Earth. Major post-flight impairments requiring rehabilitation intervention include orthostatic intolerance, bone demineralization, muscular atrophy, and neurovestibular symptoms. This paper will review these areas and introduce the current NASA rehabilitation plan. Evidence-based rehabilitation interventions are imperative to facilitate return to Earth, but also to extend the safe duration of exposure to a physiologically hostile microgravity environment.

Student Research Contest

Review: Pleiotropic effects of antiplatelet medications and the role of the endothelium

Farrah J Mateen¹, Ashfaq Shuaib² MD, FRCP(C)



¹ College of Medicine, University of Saskatchewan, Saskatoon, Canada

² Professor, Division Head, Division of Neurology, University of Alberta, Edmonton, Canada

ABSTRACT

The antiplatelet drugs, commonly used in the prevention and treatment of cardiovascular disease, possess a number of effects that are independent of direct antiplatelet actions. These effects should be considered pleiotropic because they are unrelated to the specifically-developed action and common use of the drug. Both unexpected beneficial and detrimental effects occur. The endothelium is an important mediator of these non-antiplatelet effects.

A literature search was performed to locate articles related to aspirin, clopidogrel, ticlopidine, and dipyridamole and the interactions of these medications with the endothelium. The role of each of the above medications is explored in relation to vasodilatation, inflammation, oxidation, platelet-leukocyte interactions, and thrombotic tendency via platelet-vessel wall interactions.

Student Research Contest

A global perspective on spinal cord injury epidemiology.

J Neurotrauma. 2004 Oct;21(10):1355-70.

Ackery A, Tator C, Krassioukov A

ABSTRACT

Spinal cord injury (SCI) is a devastating condition often affecting young and healthy individuals around the world. This debilitating condition not only creates enormous physical and emotional cost to individuals but also is a significant financial burden to society at large. This review was undertaken to understand the global impact of SCI on society. We also attempted to summarize the worldwide demographics and preventative strategies for SCI in varying economic and climatic environments and to evaluate how cultural and economic differences affect the etiology of SCI. A PUBMED database search was performed in order to identify clinical epidemiological studies of SCI within the last decade. In addition, World Bank and World Health Organization websites were used to obtain demographics, economics and health statistics of countries of interest. A total of 20 manuscripts were selected from 17 countries. We found that SCI vary in etiology, male to female ratios, age distributions and

complications in different countries. Nations with similar economies tend to have similar features and incidences in all the above categories. However, diverse methods of classifying SCI were found, making comparisons difficult.

Conclusions: It is imperative that we standardize the categorization and evaluation of SCI. The authors suggest improved methods of reporting in the areas of etiology, neurological classification, and incidence of SCI so that in the future, more useful global comprehensive studies and comparisons can be undertaken. Unified injury prevention programs should be implemented through methods involving the Internet and international organizations, targeting the different etiologies of SCI found in different countries.

Keyword: epidemiology, etiology, spinal cord injury, prevention, review

CAPM&R News - Guidelines for Submissions

Submissions: Please submit articles by e-mail at capmr@rcpsc.edu. All submissions are subject to editing for style, clarity and space considerations. The CAPM&R editorial staff, where appropriate, will arrange translation into the second language.

Soumissions: Veuillez soumettre vos articles par courriel à capmr@rcpsc.edu. Les documents soumis seront révisés par le rédacteur afin de maintenir style et clarté, tout en tenant compte de la longueur du document.

CAPM&R Annual Scientific Meeting

June 7-10, 2006

The Fairmont Hotel Vancouver

Vancouver, BC

Conference Theme: The Future of Physiatry – maximizing abilities through science and compassion

Symposia Topics: 1) PM&R and the Athlete
2) Medicolegal Issues in PM&R

Once again the Annual Scientific Meeting will feature PM&R Update as well as the various Special Interest Groups. We will also offer peer-reviewed workshops. Please see this issue of the newsletter for the Call for Workshops and topic areas.

Please visit the CAPM&R website for further information
<http://www.capmr.medical.org/agm2006.htm>.

The Call for Abstracts and information regarding the Best Podium Presentation Awards and the Paper of the Year are also available on the CAPM&R website.

Information regarding the various contests is also posted on the website:

Resident Essay Contest <http://www.capmr.medical.org/essay-resident.htm>

Resident Research Contest <http://www.capmr.medical.org/research-resident.htm>

Medical Student Essay Contest <http://www.capmr.medical.org/med-student-essay.htm>

Student Research Contest http://www.capmr.medical.org/student_research_contest.htm

Visiting Professorship Program <http://www.capmr.medical.org/v-professor.htm>

We look forward to seeing you in Vancouver!

Calling all Volunteers!

The Canadian Association of Physical Medicine & Rehabilitation is actively seeking a volunteer editor for the CAPM&R newsletter. Dr. Jeff Blackmer has been editor of CAPM&R News for the past 3 1/2 years, and we thank him for his dedication and tremendous efforts. Jeff has led the transition of CAPM&R News from a paper to an electronic newsletter and has spearheaded a number of new initiatives.

CAPM&R News is published three times per year. The editor plans the line-up of articles with the CAPM&R office, and writes an editorial for each issue. This is a great opportunity for a CAPM&R member to become more familiar with the association and its activities, and to interact with colleagues across the country.

If you are interested in taking on this exciting position, please contact the CAPM&R office at capmr@rcpsc.edu or 1-800-668-3740 x 245.

Canadian Association of Physical Medicine and Rehabilitation Annual Scientific Meeting

June 7-10, 2006

The Fairmont Hotel Vancouver

Vancouver, British Columbia

Call for Workshops

The purpose of the workshops is to provide a forum for conference attendees to acquire knowledge and skills in accordance with the essential roles of physicians as identified through the CanMEDS 2005 framework. These roles represent physician as: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. The workshop topic areas have been identified through the results of a needs analysis completed by CAPM&R members. The needs analysis was implemented at the 2005 Annual Meeting and further feedback was solicited on the CAPM&R website. It was developed based on a dynamic bulletin board concept, and was adjusted daily based on support received for individual topics.

A half-day of the meeting will be devoted to concurrent workshops. Based on the success of the peer reviewed sessions in 2005, we are seeking proposals for workshops for the 2006 Annual Scientific Meeting. The 1.5 hour sessions will provide focused interactive learning experiences for the participants. Workshop presenters may be asked to present one or two sessions. Methods must allow for active participation of the participants. Workshops are not intended to be interactive group discussions nor seminars. **Please note that workshop facilitators are required to pay the full registration fee established for the 2006 Annual Scientific Meeting.**

TOPIC AREAS FOR WORKSHOPS (Based on Needs Analysis 2005):

1. MSK/Physical exam (suggested topics: assessment of the athlete, disabled sports classification, wrist exam)
2. Web based resources
3. Injection techniques (suggested topics: phenol, trigger points)
4. Medicolegal (suggested topics: driving, mock trial, communication skills)
5. Interprofessional education (suggested topics: physiatry leadership and management skills, teaching skills)

SELECTION PROCESS:

Workshop abstracts will be peer-reviewed and selected based on:

- Relevance to the identified topic areas
- Clarity of abstract
- Appropriateness as a workshop

SUBMISSION REQUIREMENTS

- A cover letter and 300-word abstract (see attached guidelines)
- Submit to the CAPM&R office:
E-mail: capmr@rcpsc.edu or
fax: 613-730-1116

Submission Deadline: January 16, 2006

Call for Workshops – Submission Guidelines

1. A COVER LETTER OUTLINING:

- The corresponding author with contact information
- Number of times willing to offer the workshop – once or twice
- Number of participants preferred in the workshop (maximum of 25)
- Equipment and audio-visual needs

2. ABSTRACT REQUIREMENTS

Title: Should reflect the purpose of the workshop.

Facilitators: List all presenters participating in the workshop.

Intended audience: Who specifically would be interested in attending this workshop?

Rationale: Which of the identified topic areas does this workshop address?

Objectives: Indicate what the participants will achieve by participating in the workshop, by completing the following statement.

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

- 1.
- 2.
- 3.

Format/methods: Identify specific teaching methods to be used during the workshop. Include a timeline for the 90 minutes of the workshop.

3. SUBMISSION

Submit by January 16, 2006 to the CAPM&R office.

**E-mail: capmr@rcpsc.edu
or Fax: 613-730-1116**

Canadian Association of Physical Medicine and Rehabilitation Annual Scientific Meeting

June 7-10, 2006
The Fairmont Hotel Vancouver
Vancouver, BC

Call for Abstracts

The next Annual Scientific Meeting will be held June 7-10, 2006 at the Fairmont Hotel Vancouver in Vancouver BC. The Call for Abstracts is posted on the CAPM&R website at <http://capmr.medical.org/agm2006.htm>.

The deadline for submissions is February 15, 2006