



Endorsed By



ESPRM
European Society of
Physical & Rehabilitation Medicine



ESPRM and
UEMS-PRM Board & Section School on

Rehabilitation of pain & pain-related disability

Piacenza
24-28 September 2023
@ La Bellotta

SUNDAY 24-sep

from 18:00 to 19:30

Opening Ceremony and Welcome Cocktail

Programmed hybrid Lectures:

- Pain rehabilitation: what does it mean
- Pain and disability: a subtle interplay
- The ISPRM position Pain and rehabilitation: an international intersociety perspective
- Pain in rehabilitation a matter that need priority
- The EFIC cooperation plan

MONDAY 25-sep

from 08:00 to 13:00

THE BASICS

Concepts reappraisal from the pre-school lessons (60')

- Anatomy of the nociceptive system
- Acute, chronic and the transition between acute to chronic pain
- Nociceptive
- Inflammatory
- Neuropathic
- Nociplastic
- Mixed pain (post surgical pain)

COLLECTING THE PATIENT'S HISTORY: PATIENT'S FREE REPORTS AND QUESTIONNAIRES

The interview: between holistic approach and quantitative data collection (30')

Patients speak of their complain using spontaneous pain descriptors and other pain-related terms that not always are immediately translated into "medical terms". The interview is therefore critical in addressing the clinical examination

A critical reappraisal of questionnaires - Why, when and how to use them (60')

- Pain questionnaires. A critical reappraisal of their usefulness and limits with special regards on (MPQ-SF2, DN4, Chronic Pain Grade, etc)
- Quality of life and other questionnaires on the activity of the day living
- Pathology related questionnaires
- ICF and ICD-11 and pain

10:30 to 11:00 Coffee Break

1st INTERACTIVE SESSION (90')

THE CLINICAL APOPROACH

The clinical examination: from theory to bed side practice. The working hypothesis

To make a first essential working hypothesis is fundamental for a meaningful instrumental examination and tailored rehabilitation plan. A patient/actor will be provided

PAIN DIAGNOSTICS - How and when ask for an instrumental and laboratory examination and what we should expect from them.

Laboratory red flags. Biomarkers for musculoskeletal conditions Key points to make a differential diagnosis between nociceptive and neuropathic pain.

(blood samples for inflammatory markers, etc.)

13:00 to 14:00 Lunch

from 14:00 to 18:30

An anatomic-functional reappraisal of pain imaging (45')

The image of pain or the imaging of pain: indeed, not a question of small goat's wool. A common misunderstanding is that neuroimaging can tell us where "the pain" is

Routine and pain related neurophysiology: what they can and cannot tell us (30')

General view on Routine neurophysiology (Clinical indications and limitations)

Diagnostic and Interventional pain sonology (30')

15:45 to 16:15 Coffee Break

2nd INTERACTIVE SESSION & QUESTION TIME (135')

The matching problem or the diagnostic congruity

A clinical case. After these sessions, on a clinical case basis, participants will be invited to summarize the salient points of the readings that most differ from what they already knew and to express their doubts, possibly highlighting new concepts or differences with their previous knowledge

"The trouble with the world is that the stupid are cocksure and the intelligent full of doubt" (Bertrand Russell)

TUESDAY 26-sep

from 08:00 to 13:00

GOALS FOR OPTIMUM PHARMACOTHERAPY IN PAIN REHABILITATION

Precision & personalized pharmacological pain therapy that could lead to functional recovery (90')

Dealing with complex clinical rehabilitation picture that has a combination of acute as well as chronic pain.

- NSAIDs (role of selective and none selective)
- Atypical opioids, Tramadol and Tapentadol: different pharmacological profiles and different indications -when and where
- Opioids: role in both acute and chronic and where we are with Opioids crisis story
- Anticonvulsants, Antidepressants: role and limitations in central and peripheral sensitizations

SOME SPECIAL ISSUES ON SYSTEMIC PHARMACOTHERAPY IN REHABILITATION

Nociplastic pain: What kind of treatments we may expect to work (30')

Medical cannabis and cannabinoids: Role in Chronic pain and particularly 'Nociceptive pain" (30')

10.30 to 11:00 Coffee break

Transdermal & topicals for nociceptive and neuropathic pain (buprenorphine; 5% lidocaine, 8% capsaicin, etc.) (30')

Nutraceuticals and food for pain (30')

Neuropathic pain and rehabilitation: A systematic review of international guidelines (30')

12.30 to 14:00 Lunch

from 14:00 to 18:30

Multimodal treatments: Think and talk roundtable session on combination of pharmacological and non-pharmacological therapy (30')

PHYSICAL TREATMENTS (120')

NEUROMODULATION (Part-1)

Peripheral & Central Stimulation. In pain rehabilitation, neuromodulation with invasive, minimally invasive or non-invasive neuromodulation techniques are increasingly used.

- **Neuromodulation EFNS & EAN guidelines for neuropathic pain** - a real word analysis Vs evidence based
- **TENS** and other Electrical Therapies in a rehabilitation setting
- **Mechanical stimulation** (painful & non painful stimulation), vibration, massage and shockwaves

16.30 to 17:00 Coffee break

- **LASER** is this a neuromodulation therapy?
- **Heat and cold** as pain therapy. Possible mechanisms and clinical evidences

3rd INTERACTIVE SESSION (90')

The chronic pain patient in practice. *Under the guidance of an expert clinician the participants will be divided in small groups and guided through an outpatient consultation from interview to plan a treatment.*

"What we have to learn to do, we learn by doing it" (Aristotele)

WEDNESDAY 27-sep

from 08:00 to 13:00

NEUROMODULATION (Part-2) (120')

- Motor cortex stimulation for chronic pain
- Dorsal root and ganglionic stimulation
- Autonomic nervous system stimulation and its inference on pain

10:30 to 11:00 Coffee Break

PERSON CENTRED MEDICINE & MOVEMENT AS PAIN THERAPY

Wet and Dry Kinesitherapy: When and how apply hydro-kinesitherapy in the rehabilitation of painful diseases (30')

Person centred medicine: when thermalism plays its role in the rehabilitation of pain (30')

Physical activity, exercise and fatigue in chronic pain (30')

SPECIAL TECHNIQUE

In this second part some specific minimally invasive treatments frequently used in rehabilitation are discussed. Some of them have a solid foundation of scientific publications. Others, on the other hand, although routinely used, have little studied or incompletely applied neurophysiological bases.

Oxygen-Ozone (O2O3) for pain: when and why it may work (30')

Botulin Toxin for pain and spasticity: the chicken egg problem? (30')

13:00 to 14:00 Lunch

from 14:00 to 18:30

SPECIAL CLINICAL PICTURES Pain in woman

Rehabilitation encompasses a wide range of basic pathologies where some form of disability and pain related disability are always present. For this reason it is unrealistic to cover in a single edition of the School all the possible pathologies of rehabilitation competence. Thus, a decision has been taken to have for every edition of the School a specific rehabilitation topic. For this edition the topic chosen is pain in woman as gender in rehabilitation is one of the most impelling topic in modern rehabilitation.

Pain in woman. A need for prioritisation (15')

Low back pain (LBP) and failed back surgery syndrome a rehabilitation emergency (30')

Chronic Pelvic Pain (30')

Fibromyalgia (30')

15:45 to 17:00 Coffee break

4th INTERACTIVE SESSION (90')

The clinical examination & treatment of a chronic pain patient in practice

Under the guidance of an expert clinician the participants will be guided from the interview and clinical examination to the decision to prescribe invasive or minimally invasive treatments.

"I always do what I don't know how to do, to learn how to do it" (Vincent Van Gogh)

THE BIO-PSYCHO-SOCIAL MODEL

The bio-psycho-social model in pain medicine (30')

The bio-psycho-social model in a rehabilitation setting of persons living with chronic pain (30')

Telemedicine and the bio-psycho-social model: what we can and cannot expect from it (30')

What can we do in a rehabilitation setting when pain has a psychiatric component (30')

CLINICAL LEARNING EXERCISES & QUESTIONNAIRES (90')

At the end of School, all participants should be able to interview, visit and prescribe appropriate pharmacological and rehabilitative treatment for a patient with chronic disabling pain, making use of what they learned. To better assessing the competence acquired along with a traditional written learning questionnaire, skills assessment will be carried out following the CEX/C methodology.*

Both skill assessment and questionnaires (paper work) are mandatory for credits

Take home messages: don't leave the school with doubts

"Theory is when you know everything but nothing works. Practice is when everything works but you don't know why. In any case, we always end up with combining theory with practice: nothing works and we don't know why" (A. Einstein)

**The CEX/C is a method of assessing skills essential to the provision of good clinical care and to facilitate feedback. It assesses the trainee's clinical and professional skills in outpatient clinics. It was designed originally by the American College of Physician. Trainees will be assessed on different clinical problems related to pain and disability. The assessment involves observing the trainee interact with a patient in a clinical outpatient setting. The areas of competence covered include: consent, history taking, physical examination, professionalism, clinical judgement, communication skills, organisation/efficiency and overall clinical care.*

<https://www.google.it/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj3vGrr5D7AhW7QPEDHYf3AlsQFnoECAAsQAQ&url=https%3A%2F%2Fwww.aqponline.org%2Fclinical-information%2Fclinical-resources-products%2Fpain-management-learning-hub&usq=AOvVaw00hVWwm69-3dL4JEbVWxbSS>

Aim

The recognition that acute and chronic pain have two distinct mechanisms and that **chronic pain is a disease in its own right** has been a major insight. More recently WHO have stated that **chronic pain is a disabling disease** and therefore that physical and rehabilitation medicine has a pivotal role in the management of the chronic pain patient and related disability.

In our daily practice we witness cases in which pain is the generator of disability as well as cases where the disability is becoming unbearable because of the presence of chronic pain.

The School will assist clinicians to refine their clinical diagnostic approach to identify various phenotypes of pain, to improve their ability to interpret clinical, instrumental and laboratory findings and to establish the most appropriate rehabilitation as well as pharmacological treatment to overcome pain and the related disabling condition.

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General Information

Structure of the School

The School is residential. English is the official language of the School. No translation will be provided. EACCME European (CME) credits will be requested. An opening ceremony is planned on Sunday afternoon. To dedicate more time to workshops and hand-on sessions, some general topics like anatomy and neurophysiology of the somatosensory system, but not only, will be accessible on web by the attendants before the school starts. An hybrid teaching system is also provided.

School venue

The School is located at "La Bellotta" an ancient college renovated in 2005. Address: Strada Valconasso, 10, 29010 Valconasso - Pontenure (PC)

Accommodation

"La Bellotta" is located few miles from Piacenza city center. Participants will be accommodated in single rooms with private bathroom. Meals will be prepared and served inside the structure. A cafeteria is also present. Other accommodation options are available on request.

Registration

Register online at www.defoe.it by 10th September 2023. The course is open to a maximum of 30 delegates.

Fees

School's fee is 1.250,00 €. It covers all the teaching materials – including pre-school and other recorded materials – and a full board accommodation (see above) for all the length of the school (IN September 24th - OUT Thursday 28th).

Fees may be partially covered by grants offered by the entities who endorsed the School Programme. However, detailed procedures about Grant applications are still to be defined. Information will be published on the event webpage.

Grants won't cover travel expenses. To secure your seat, you are required to pay a non-refundable deposit of € 650. The balance, if not covered by a grant, must be paid by 10th September 2023.