

World Institute of Pain Newsletter



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The Story of the Examination Leading to a Fellowship in Interventional Pain Practice

By Serdar Erdine, MD, FIPP
Chair, Board of Examination,
President-elect, World Insti-
tute of Pain

Ten years have passed since the World Institute of Pain (WIP) was founded. These were remarkably active years, loaded with achievement. The main goals of the WIP were:

- To Develop Links among International Pain Centers;
- Educate and Train Pain Center Personnel;
- Update Pain Centers on State-of-the-Art Pain Management;
- Develop Common Protocols for Outcome Studies;
- To Credential Pain Centers; and
- To Develop an Examination Process.

To achieve these goals, the WIP has established a website, www.worldinstituteofpain.org, the journal, Pain Practice, and a newsletter. Three world congresses, Eilat – Israel, Istanbul – Turkey, and Barcelona – Spain were held in 1999, 2001, and 2003 respectively. The Fourth World Congress of WIP will be

held in 2007 in Budapest – Hungary.

Cadaver workshops under the leadership of Prof. Gabor Racz, the current President of WIP have been held since 1996 in Budapest. Besides these cadaver workshops in Budapest, workshops in Athens, Porto Rico (twice) and Memphis were held. In 2006, there will be two cadaver workshops. The first will be in Memphis in March and the second will be in Budapest in September.

But the most important initiative undertaken by WIP, since 2001, is the development of a practical examination of clinical knowledge and skills related to the interventional pain practice field. By passing this examination, the practitioner earns a fellowship called, “Fellow of Interventional Pain Practice (FIPP),” which has a prestigious place in the pain medicine field.

Examination Process: How It Was Developed?

The idea of holding an examination came from Dr. Prithvi Raj, the founder

and first president of WIP and the first chair of the examination board of pain practice in 2001. The idea was approved by the Board of Directors of WIP and then the process began. In order to form the Board of Examination, a beta examination was held in Budapest in 2001.

Three examiners were selected according to their highly respected achievements in interventional pain practice: Prof. Menno Slujter, Dr. Philip Finch, and Dr. Christopher Wells. They examined the first nine examiners, Dr. Prithvi Raj, Prof. David Niv, Prof. Serdar Erdine, Dr. Ricardo Ruiz Lopez, Dr. Miles Day, Dr. Lelan Lou, Dr. Jan Van Zundert, Dr. Charles Gauci, and Dr. Gabor Racz.

The first examination was held in Budapest in 2002. The examination was comprised of three parts: A multiple-choice exam of 100 questions based on interventional pain practice, an anatomy exam, and a practical exam.

Continued on page 3...

INSIDE THIS ISSUE:

Letter from the WIP President, Gabor B.	2
Critical Reviews in Pain Research	3
Critical Review: Controversy Regarding Cervical Transforaminal Epidural Steroid Injections	4
Critical Review: Functional Neuroimaging in Pain	5
Pain Management in Argentina	7
The FIPP Examination Discussed	8
Comprehensive International Cadaver Workshop	10

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Letter from the WIP President, Gabor B. Racz, MD

The World Institute of Pain (WIP) had a big year in 2005. The FIPP examination process now has 222 graduates. The 2004 World Congress in Barcelona was followed by the examination in Budapest, and in September 2005, we had our annual meeting and examination again in Budapest. The planning has started for the Fourth World Congress, September 25-29, 2007 and promises to be one of the finest conferences in the field of pain medicine. The program committee under the leadership of Alan Basbaum and Maarten Van Kleef met in New York City recently and began the serious work of putting together the finest global, balanced, clinically relevant and very latest basic science and research information for the program. The Congress will be educationally rewarding, socially entertaining, and the music and food will contribute to making the best possible experiences for the participants.

The WIP—Section on Pain Practice is addressing the needs of our graduates to get together and share experiences by forming chapters. To form a chapter, a country or region needs at least five FIPP alumni who can organize local and regional conferences in order to incorporate recent developments and raise the practice of pain medicine to safer and higher levels. We have already had regional meetings in England, Belgium, and Greece and now Phil Finch is considering organizing one in Australia. The willingness of our alumni to help each other, to share knowledge, to welcome visits in their clinics from other physicians, or to visit other physicians is a unique and distinguishing hallmark of the WIP.

Additional new developments in the United States include the organization of an examination with the ASIPP (American Society of Pain Physicians), where the interventional pain physician examination is going to be given in the usual manner but so long as the alumni of FIPP meet the requirements for entry level (having a basic training approved by the RRC and the ABMS) they will be able to take the examination of ASIPP, which shall be called ABIPP (American Board of Interventional Pain Practice). The ABIPP examination will consist of a written examination and two certifying components, one on coding and the second one on narcotic use and prescription. The second level is the practical examination through the WIP in the form of taking the FIPP examination as has been given from the beginning. Those who meet the requirements for the ABIPP and have already passed the FIPP will only need to take the Part II certification this year in order to be awarded the ABIPP. However, in the future, beyond this next year, the individuals wishing to take the ABIPP will have to take all the components of the FIPP and the ASIPP, which will complete the certification purpose for the ABIPP. The fine tuning for this whole process which sounds complicated, but in fact is very straightforward, is being done by a task force of three members from the ASIPP and three members from the WIP. The purpose for the ABIPP is to raise the level of the specialty by recognizing the need for safer and better care of patients and the good work being done by the individuals and societies. The next examination for the FIPP will be March 12, 2006 in Memphis (USA), and the annual exam will again be September 20-21, 2006 in

Budapest, Hungary. The numbers of alumni in 2006 should exceed 300 and by 2007, the year of the World Congress, we should be heading toward the 500 range.

Two new announcements are the result of long-time work by the WIP: the January 2006 publishing of the WIP newsletter and the news that CME credits (Continuing Medical Education) will be offered for the annual Budapest meetings and all of our future meetings. I wish to thank Dr. Patrick McGowan for his work on the webpage and Lee Ann Paradise for publishing the first newsletter. I am forever grateful for the immense help coming from the WIP Executive Board. I especially recognize Dr. Prithvi Raj, Immediate Past Examination Chair and Founder, Dr. Serdar Erdine, Chair of the Examination Board and President-elect of WIP, and Dr. James Heavner, the Examination Registrar and workshop coordinator.

I ask all of you to be especially involved now when we need help from everybody to make our specialty safer and better, to share the best information and to have the very best World Congress. I ask you to recruit new WIP members, using the form available on the webpage or the newsletter and make all practitioners recognize that if they are not FIPP, they simply have to become one of the best by taking the examination.

Yours sincerely,



*Gabor B. Racz, MD, FIPP
President World Institute of Pain*

The Story of the Examination Leading to a Fellowship in Interventional Pain Practice

...Continued from page 1

The scoring of the exam was as follows:

- Part 1 and Part 2 scores were based on the Academic Scoring System.
- The score of the practical exam was based on the examinee's performance of the procedure. The examinee was asked to perform two techniques. If the examinee was not successful, he or she was asked to perform a rescue case.

Based on the distribution of the correct answers on a bell curve, the pass rate was statistically identified using psychometric testing measures.

The results will be carefully evaluated by the Board of Examination after psychometric testing is completed. The scoring was held by an independent company apart from the Board of Examination.

In 2004, the format of the exam was modified to maintain more favorable conditions to the examinee. Instead of being given two cases, examinees were asked to perform five procedures that are basic, such as the facet block and lumbar sympathetic block. Additionally, the examinees were asked to perform one procedure chosen from the questionnaire they filled out; this procedure was generally one that the examinee performed the most. To avoid bias, one observer was included in the examination team along with two examiners.

After completion of the examination, the results were sent to the examinees. Every year there is a ceremony in Budapest to present the certificates to the examinees.

Currently, the total number of WIP alumni who have passed the examination on pain practice reached 250 from 19 countries; Argentina, Australia, Belgium, Egypt, Germany, India, Israel, Italy, Mexico, Portugal, Porto Rico, Singapore, South Africa, Spain, Switzerland, The

Netherlands, Turkey, United Kingdom, and the United States of America.

The WIP section on pain practice is also in the process of allowing each country to have a Chapter if they have a minimum of five FIPP members. The aim of the Chapter is to have a locally elected official body (President and Secretary) who will promote pain practice in their region. The United Kingdom has already formed a Chapter and other countries are in the process of forming them as well.

Pain medicine is developing all over the world and interventional pain practice is an important part of this new discipline. The WIP is committed to promote and engage in activities that train more pain physicians who are enthusiastic about interventional pain practice. Our cadaver workshops and FIPP examination are gaining prestige all over the world. I encourage you all to be a part of the WIP, participate in the examination, and be one of our alumni of FIPP.

Critical Reviews in Pain Research

By Ricardo Vallejo, MD, PhD

Pain medicine is a continually evolving and ever expanding field of medical practice and scholarly investigation. As a result of the growing interest in this topic, it has become increasingly difficult for the clinical practitioner to stay current with the massive volume of basic and clinical research published in professional journals. We feel that is imperative for the clinician to be as up to date as possible,

both in terms of specific clinical research that will help guide evidence based medical practice as well as emerging trends in the effective management of chronic pain conditions. Therefore, we are initiating a section of the World Institute of Pain Newsletter entitled, "Critical Reviews in Pain Research" that will highlight basic and/or clinical research papers and topics of interest to pain physicians.

The goal of this section of the newsletter is to bring forward a concise and yet critical analysis of impor-

tant topics and trends in pain research. In this way, we hope to provide a mechanism to help the pain clinician remain current with emerging trends in the field of pain medicine and research.

The featured reviews in this issue are *Controversy Regarding Cervical Transforaminal Epidural Steroid Injections* and *Functional Neuroimaging in Pain* which can be found on the following pages.

Critical Review: Controversy Regarding Cervical Transforaminal Epidural Steroid Injections

By Ricardo Vallejo, MD, PhD

The epidural administration of steroids via a transforaminal approach has gained popularity in the last few years, in part due to concerns of safety associated with the interlaminar epidural injection.¹⁻³ Despite that 5 cases of serious neurologic complications, including brain stem

It is worth mentioning that all the reported cases were performed under fluoroscopic or CT radiologic guidance using radiocontrast dye. Some interventionalists may feel that adhering to the correct injection technique or limiting the advancement of the needle into the foramen decreases the chances of injuring segmental vessels, which in turn could help avoid complications.

and midbrain hemorrhage, massive cerebellar infarct, occipital cerebral edema, and two cases of anterior spinal artery syndrome after cervical transforaminal epidural steroid injections (CTESI) have been recently reported.⁴⁻⁸

Although there is a lack of consensus regarding the exact mechanism underlying the aforementioned complications, proposed explanations include:

1. Direct injection or injury of the vertebral artery after incorrect needle placement,
2. Blood vessel embolic microvascular occlusion by particulate corticosteroids,
3. Neurotoxicity of radiocontrast agents injected into the vertebral intracranial circulation, or
4. Vasospasms of radicular arteries caused by direct effect of the injectate or by contact with the needle.⁹

It is worth mentioning that all the reported cases were performed under fluoroscopic or CT radiologic guidance using radiocontrast dye. Some interventionalists may feel that adhering to the correct injection technique or limiting the advancement of the needle into the foramen decreases the chances of injuring segmental vessels, which in turn could help avoid complications.

A recent study by Huntoon¹⁰ adds some light to our understanding about possible sources of complications. By dissecting the cervical intervertebral foramina in 10 cadavers, this investigator was able to identify the locations of vulnerable arteries. In many cases, the ascending cervical arteries (ACA) and deep cervical arteries (DCA) were found to enter the posterior aspect of the external foraminal opening, away from its more typically described posterior location between the semispinalis capitis and the cervical muscles. In 21 of 95 foraminal areas, the ACA and DCA were within 2 mm of the needle path for the classically described needle trajectory for TCESI. Branches of those arteries send significant collaterals at cervical levels from C3-4 to C7-T1, potentially supplying the

cervical anterior spinal artery. The ACA and DCA are usually described as small branches of the inferior thyroid artery, but significant anatomical variations were found, including the origin of the ACA from the subclavian or the DCA from the costovertebral trunk or in some cases from the subclavian artery. On the other hand, no vertebral artery derived radicular or segmental vessels were visualized in the needle path. Avoidance of the vertebral artery is the reason for needle placement in the posterior aspect of the foramen. However, considering the fact that the ACA and DCA are located in this region, potentially in the external aspect of the foramen, risks associated with needle placement utilizing a transforaminal approach should be carefully weighed.

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Continued on page 6...

Critical Review: Functional Neuroimaging in Pain

By Ricardo Vallejo, MD, PhD

The past few years have witnessed an explosion in research groups utilizing functional neuroimaging as a means to better understand the brain regions and underlying mechanisms involved in processing painful stimuli and chronic pain conditions.^{1,2,5} For the most part, functional magnetic resonance imaging (fMRI) has been utilized to observe regionalized changes in brain activation during a variety of pain producing or antinociceptive conditions. What has been put forward is an increasingly complex picture of how pain is processed in the brain from both affective and somatic perspectives.

Functional MRI is a powerful tool for research scientists, allowing both spatial and temporal dimensions of brain activation to be measured and quantified. Like any measurement tool, the information obtained from studies utilizing this technology must be carefully examined and weighed. However, fMRI is particularly well suited for pain research given the time course of treatments and the ability to correlate subjective emotional and cognitive information with objective brain activation measures. Studies from just within the last 1 or 2 years have provided striking data regarding brain regions potentially involved in pain processing. Further experimental tools, such as placebo effects, anticipation, and hypnotism in creative study designs, have elicited intriguing results.^{3,4,6}

Recently, a paper published by deCharms and colleagues in the *Proceedings of the National Academy of Sciences* utilized real time

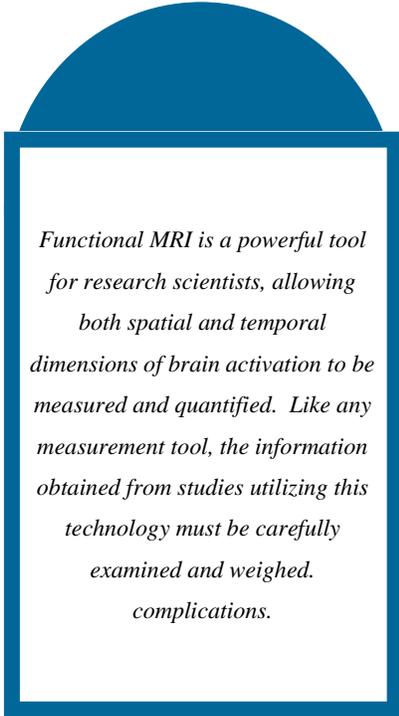
fMRI (rtfMRI) to see if individuals could utilize feedback information regarding the activation of particular brain regions to impact pain perception.² When subjects were trained to change the activation of the rostral anterior cingulate cortex (rACC; a brain region previously shown to be activated by painful stimuli), there was an accompanying alteration in subjective pain ratings. Similar findings were presented for patients suffering from chronically painful conditions. This suggests that the rACC is involved, at least in part, in mediating the pain perceptions.

Four control groups utilizing different methods of feedback, such as focusing on feedback from regions other than the rACC or no feedback information at all, provided little to no change in pain control or rACC activation. What separates this study from several other fMRI pain studies is that the subjects were able to intervene and cause a change in both rACC and pain ratings.

Although the relationship between rACC activation pattern and pain ratings is still simply a correlation, the ability to change both subjective (pain ratings) and objective (fMRI rACC activation) measures and still maintain a correlation between the two represents a step forward in establishing a causative relationship – something that is still lacking in the strictest definition.

What does all of this mean for the pain physician and clinician? Well, probably not much directly for the next few years. Will these studies elucidate the prized possession – a completely objective measure of pain intensity? Unfortunately, this is

not likely the case. However, with the advent of molecular imaging and rtfMRI, clinical pain scientists and physicians are adding significant outcome tools to assess the efficacy of interventional techniques and therapies as well as the underlying mechanisms of chronic pain. At the same time, these advanced imaging techniques may



Functional MRI is a powerful tool for research scientists, allowing both spatial and temporal dimensions of brain activation to be measured and quantified. Like any measurement tool, the information obtained from studies utilizing this technology must be carefully examined and weighed. complications.

well help us to better answer that most elusive of questions: “Where is the pain coming from?”

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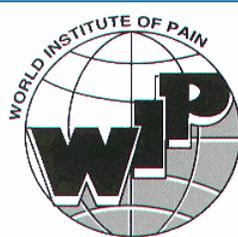
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Critical Review: Controversy Regarding Cervical Transforaminal Epidural Steroid Injections

Continued from page 4...

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**WORLD INSTITUTE OF PAIN – SECTION OF PAIN PRACTICE
AND
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS
WORKSHOP REVIEW COURSE AND EXAMINATION
FOR THE CERTIFICATION AS
FELLOW IN INTERVENTIONAL PAIN PRACTICE
MARCH 11-12, 2006 IN MEMPHIS, TENNESSEE USA**

Inquiries for registration for the Review Course and Workshop (March 10-11) will be sent to:

Laxmaiah Manchikanti, MD, FIPP
ASIPP CEO
81 Lakeview Drive
Paducah, KY 42001
Phone: (270)554-9412 • Fax: 270-554-5394
E-mail: asipp@asipp.org

Inquiries for Examination applications should be sent to:

James Heavner, DVM, PhD, FIPP
WIP- Section of Pain Practice
3601 4th Street – MS: 8182
Lubbock, Texas 79430 USA
Phone: 806-743-3112 - Fax: 806-743-3965
E-mail: paula.brashear@ttuhsc.edu

Registration deadline for the FIPP Examination is February 1, 2006. Registration will be limited. Early registration is advised. Dr. Manchikanti and Dr. Racz extend the invitation to all qualified physicians.

The Review Course and Workshop, organized by ASIPP, is March 11 for a fee of \$500. The FIPP Examination, organized by WIP, is March 12 for a fee of \$2,000.

- Serdar Erdine, MD, DABPM, FIPP, Examination Chair
- Prithvi Raj, MD, FIPP, Immediate Past Examination Chair

For more information contact: Patrick McGowan
MBChB, FRCA, FIPP at the WIP webpage:
<http://www.WIPain.org>

Pain Management in Argentina

By Ricardo Vallejo, MD, PhD

I went to Argentina for the first time in March 2005 having been invited by the Argentinean Pain Foundation to attend their *11th International Symposium*. While I was in Buenos Aires, I had the pleasure of touring around the beautiful avenues and monuments. Knowing that I am a soccer fan I was taken to "La Bombonera," the stadium for the Boca Juniors (one of the most famous soccer teams in the world -- sorry to the River Plate's fans). In between the presentations I also had the chance to visit some of their best restaurants and enjoy their world famous meat and wine. But for me the visit was much more than just a tour.

To my surprise I found a very well organized pain foundation supported by the Argentinean Society of Anesthesiology. The foundation was established in 1990 with the goal to educate the community and the physicians about pain. Since 1990 more than 30 anesthesiologists have participated in the foundation's educational courses. Over the last several years the foundation has developed a pain program fellowship where certified anesthesi-

ologists take classes on weekends for 2 years, after which they can obtain their certification in pain management. Considering the low reimbursement in pain medicine when compared with anesthesiology, it was encouraging to see the enthusiasm of the Argentinean pain physicians in expanding their knowledge in our field. Overall, the symposium was a rousing success and I had the opportunity to maintain contact with several pain physicians after my return to Illinois.

In the first days of December 2005, I was invited again to visit Argentina. This time I was invited by Dr. Carlos Fuentes, the chair of anesthesiology at the University of Buenos Aires and current president of the pain foundation, for a cadaver workshop. For the first time in one of my visits to countries outside the United States I saw anatomists, neurosurgeons, radiologists and anesthesiologists all together sharing their knowledge with pain physicians from all over Argentina.

Some of the physicians came from Patagonia and other remote areas of the country; one pain physician even came from the south of Brazil to take part on the course. After the

event, I had the chance to visit the foundation and to interview with their executive board. I was informed about the enthusiastic efforts they are making to improve their interaction with the World Institute of Pain and goals to increase our understanding of pain medicine through cooperative research activities.

In summary, I had a delightful time in Argentina and feel very fortunate to have met and interacted with such a wonderful group of enthusiastic physicians. I feel that they are encouraging examples for all of us and feel honored to be able to call them colleagues as well as friends.

Critical Review: Functional Neuroimaging in Pain

Continued from page 5...

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The FIPP Examination Discussed

By Prithvi Raj, MD

It has become evident that physicians who perform interventional techniques need to be assessed as to their capabilities of performing advanced and complex interventional procedures. Even though there is a board certification examination given by the ABA and ABPM for a specialty in pain management, this does not reflect the knowledge base and competency of physicians who perform interventional techniques. Fellow of Interventional Pain Practice was conceived to fill this void. After a beta examination in 2001, the first FIPP examination started in 2002. The format at that time was a theoretical exam covering the knowledge base acquired for the interventional techniques, the drugs to be used for those techniques, and the equipment necessary to perform those procedures. It was also decided that identification of anatomical structures and radiological equipment was needed. That became Part II of the FIPP examination.

The most significant part of the examination was to evaluate candidates regarding their ability to perform common interventional procedures in the clinical practice, their performance being questioned by two examiners. As the examination process continued to develop, it was felt that we needed to evaluate the depth of knowledge required for interventional procedures such as indications, contraindications, complications, and side effects. Hence, since the last two examinations, an oral examination has been added.

THE EXAMINATION IN INTERVENTIONAL TECHNIQUES

The Examination in Interventional Techniques will be administered only in English. It will consist of three parts. Part 1 will be a theoretical examination. Part 2 will be identification of anatomical structures, equipment and x-ray equipment (C-arm). Part 3A will be a practical examination. Part 3B will be an oral examination.

For the practical examination, two examiners from a pool of about 30 examiners will evaluate each candidate. Examiners who are known intimately by the candidate shall not evaluate candidates.

PART 1 – THEORETICAL EXAMINATION

The examinee will be asked to answer 100 multiple-choice questions in two hours. The questions will cover all current interventional techniques available to the pain physician. The lists of procedures on which the multiple-choice questions will be based are provided in the Content Outline.

PART 2 – ANATOMY, EQUIPMENT, AND RADIOLOGY

Part 2 will consist of identifying ten anatomical structures and ten equipment and other instruments commonly used for interventional procedures and answering ten questions on radiographic equipment. This part of the examination will be given in conjunction with the Theoretical Examination (Part 1) and completed by answering the thirty

questions presented in written form.

PART 3A - PRACTICAL EXAMINATION

In Part 3A, each candidate will be asked to perform four procedures on a cadaver in one hour in the presence of two examiners. The candidate will have fifteen minutes in which to perform each procedure for a total of one hour. Two examiners, with the assistance of a C-Arm, will evaluate the techniques performed by the examinee on the cadaver.

It will be mandatory for the candidate to perform three of the six procedures listed below. The candidate will choose three from the below list of procedures:

- Lumbar Sympathetic Block;
- Medial Branch Block of lumbar facet joint;
- Lumbar Nerve Root Sleeve;
- Celiac Plexus Block;
- Stellate Ganglion Block; or
- Caudal Neuroplasty.

The fourth procedure to be performed by the candidate will be chosen by the Board of Examiners from those procedures which the candidate regularly performs and which are noted by the candidate in the Application section entitled "Scope of Practice."

Each examiner will award a score to each examinee based on the examinee's performance of the procedures. A minimum passing score will be established prior to the examination.

Continued on page 9...

The FIPP Examination Discussed

...Continued from page 8

PART 3B- ORAL EXAMINATION

In Part 3B, each candidate will individually be questioned by two examiners on two separate cases. The examiners will spend fifteen minutes on each of the two cases for a total of thirty minutes.

For each of the cases, a short case history will be provided to the examinee to read over for five minutes. First, one of the examiners will ask the examinee what technique the examinee would recommend performing based on the case history. The examiner will also ask other questions relevant to the care and treatment of the patient. This portion of the examination will last for fifteen minutes. The second examiner will then proceed to question the candidate in a like fashion about the second case presented. This portion of the examination will also last for fifteen minutes.

Each examiner will award a score to each examinee based on the examinee's answers to the questions asked during the oral examination. A minimum passing score will be established prior to the examination. This will complete the examination.

The WIP-Section of Pain Practice Certification Examination will be administered in the supplementary bulletin attached to this handbook. The organization reserves the right to change the examination site, city, and data based on logistical or other concerns.

APPLYING TO TAKE THE EXAMINATION

You must complete the application form and submit all required documentation to apply for the examination. The form can be found at: <http://www.worldinstituteofpain.org/fipp.htm>

It is very important that your application form be completed carefully and accurately. The information you provide in the application and any accompanying documents required will be used by WIP-Section of Pain Practice to determine your eligibility to sit for the examination.

The eligibility of candidates for this examination is that they should be boarded in the ABMS recognized specialty and have taken the added qualifications of ABA Pain Management or the ABPM. From now on, we also consider candidates who will take the first Part of

American Board of International Pain Practice exam.

SCHEDULE FOR EXAMINATION

Each FIPP examination is done at the same time within a day or two, based on the schedule assigned to each approved examinee. Dates of the next scheduled examinations are: March 11-12, 2006 in Memphis, Tennessee and September 20-21, 2006 in Budapest, Hungary

The fee is \$2,000. Alumni of the FIPP Examination must remain members of World Institute of Pain as long as they use the title of FIPP.

The deadline for registration is February 1, 2006, with absolutely no late registrations accepted. Because the spaces will be limited, early registration is advised.

APPLYING TO TAKE THE EXAMINATION

Applicants must complete the appropriate forms, which are available from Paula Brashear (Phone: 806-743-3112 - Fax: 806-743-3965 - E-mail: paula.brashear@ttuhsc.edu). In addition, all required documentation must be submitted with the application.

It is very important that your application form be completed carefully and accurately. The information you provide in the application and any accompanying documents required will be used by WIP-Section of Pain Practice to determine your eligibility to sit for the examination.

The eligibility of candidates for this examination is that they should be boarded in the ABMS recognized specialty and have taken added qualifications of ABA Pain Management, American Board of Interventional Pain Physicians (ABIPP) Part I, or the ABPM. From now on, we also consider candidates who will take the first part of the American Board of Interventional Pain Practice exam. ABIPP does not consider ABPM to satisfy Part I requirements.

Comprehensive International Cadaver Workshop

Description

This 1-day workshop will include hands-on work using cadavers. Participants experience a comprehensive and intense learning opportunity focusing on interventional pain management techniques.

This program is designed for interventional pain physicians appearing for FIPP or a review. It is the most in-depth, comprehensive, and individualized program available in interventional pain management, featuring maximum hands-on training with cadavers in a state-of-the-art facility with maximum ability to interact with other participants.

Each workshop (cadaver station) is limited to a maximum of 8 participants. The workshop is limited to approximately 70 participants with 10 cadaver stations.

C-arms and state-of-the-art equipment are utilized in this course. Participants are requested to dress in casual attire or scrubs. Leaded aprons and thyroid shields will be provided. However, participants are advised to bring their own protective eye-wear.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Louisville and the American Society of Interventional Pain Physicians. The University of Louisville is accredited by the ACCME to provide continuing medical education for physicians.

Target Audience/Purpose

The ASIPP comprehensive workshop is designed for interventional pain physicians appearing for FIPP certification or looking for an in-depth practical experience. The workshop is offered to improve the delivery of multiple aspects of interventional pain management. It is designed to improve skill levels and knowledge of interventional techniques, focusing on multiple aspects of interventional pain management.

Special Services

To request disability arrangements; contact ASIPP at 270-554-9412 at least 10 days prior to the conference. ASIPP fully complies with the legal requirements of the ADA and the rules and regulations thereof.

Category I Credit

The University of Louisville Continuing Health Sciences Education designates this educational activity for up to 7.5 hours of Category I credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours that he/she actually spent in the educational activity.

Accommodation & Facilities

Springhill Suites Memphis
Downtown

21 North Main Street

Memphis, TN 38103

(901) 522-2100

Medical Education & Research
Institute (MERI)

44 South Cleveland

Memphis, TN 38104

ASIPP has secured a group
rate of \$139/night

Inform the agent that you
are booking for ASIPP

Call

(901) 522-2100 by Feb 18,
2006.

MERI is a non-profit Institute located in the heart of the downtown medical center in Memphis, Tennessee. The 27,000 square foot facility houses three anatomic teaching laboratories, seven private, high security research suites; and auditorium equipment with the most state-of-the art audiovisual systems available including a 3-D systems for viewing videos. MERI specializes in producing world-class educational programs offering the most current information on the latest medical techniques and products.

AGENDA

Saturday, March 11, 2006

6:45–7:00 am	Shuttles depart the hotel to MERI facility
7:00–7:45 am	Registration – continental breakfast
7:45–8:15 am	Introduction
8:30–10:30 am	Hands-on Cadaver Workshop

10:30–11:00 am	BREAK
11:00–1:00 pm	Hands-on Cadaver Workshop
1:00–2:00 pm	LUNCH
2:00–5:00 pm	Hands-on Cadaver Workshop

REGISTRATION FOR COURSE AND WORKSHOP

Registration fee for FIPP Certification preparation is **\$500** for ASIPP members and **\$700** for non-members until **Feb. 10, 2006**. After **Feb. 10, 2006**, the fee is **\$600** for ASIPP members and **\$900** for non-members.

The registration fee for the Cadaver workshop is **\$1,500** for members and **\$1,900** for non-members until **Feb.10, 2006**. After **Feb. 10, 2006**, the fee is **\$1,700** for members and **\$1,800** for non-members.

Approximately **70** participants will be allowed in the workshop and/or Board preparation. Please complete the enclosed registration form and return it to ASIPP **with your payment**. **Your application will not be processed if the payment does not accompany the registration form.**

ASIPP reserves the right to cancel this workshop and/or Certification preparation course upon reasonable notice and will assume no financial obligation to registrants for cancellation of the course for reasons beyond its control. Registration fees will be refunded. However, costs incurred by the registrants, such as airline or hotel fees or penalties, are the responsibility of the registrants.

Registrants who are not accepted into this workshop will receive notice by mail with their returned check.

ASIPP requires a 45-day notice for a registrant's cancellation. Cancellations must be submitted in writing and received by February 10, 2006. An administrative fee of \$200.00 will be assessed. Cancellations after February 10, 2006, but prior to Feb. 28, 2006, will forfeit 50% of their registration fee. There will be no cancellations accepted after February 28, 2006. Refunds will be sent after the conclusion of the meeting.

For your convenience and faster registration, register online at www.asipp.org/meetings.htm

WORKSHOP STATIONS

Trigeminal and Stellate Ganglion Blocks
Lumbar Discography & Lumbar Transforaminal Epidural
Caudal, Cervical, Thoracic & Lumbar Interlaminar Epidural
Lumbar Epidural Adhesiolysis
Cervical Facet Joint Interventions
Lumbar/Thoracic Facet Joint Interventions
Celiac Plexus, Lumbar Sympathetic, Hypogastric Plexus Blocks

Course Directors

Laxmaiah Manchikanti, MD, FIPP

Chief Executive Officer, ASIPP

Paducah, KY

Assistant Clinical Professor of Anesthesiology and Perioperative Medicine

University of Louisville, KY

Medical Director,

Pain Management Center of Paducah

Mark V. Boswell, M.D., Ph.D., FIPP

Texas Tech University Health Sciences Center
Lubbock, TX

Faculty

Susan Anderson, MD, FIPP

Ramsin Benyamin, MD, FIPP

Aaron Calodney, MD, FIPP

Miles Day, MD, FIPP

Timothy Deer, MD, FIPP

Richard Derby, MD, FIPP

Elmer Dunbar, MD, FIPP

Philip Finch, MD, FIPP

Ira Fox, MD, FIPP

Hans Hansen, MD, FIPP

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Gabor Racz, MD, FIPP

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David Schultz, MD, FIPP

Rinoo Shah, MD, FIPP

Vijay Singh, MD, FIPP

Michael Stanton-Hicks, MD, FIPP

Andrea Trescot, MD, FIPP

Milan Stojanovic, MD, FIPP

WORLD INSTITUTE OF PAIN

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Examinations

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WIP EXAMINATION FOR FELLOW OF INTERVENTIONAL PAIN PRACTICE

After Memphis 12, 2006, the next
Examination is September 21-22,
2006 Budapest, Hungary

EXAM REGISTRATION DEADLINE:

AUGUST 1, 2006

WIP 11TH ANNUAL INTERVENTIONAL BUDAPEST CONFERENCE AND REVIEW FOR EXAM WORKSHOP SEPTEMBER 17-22, 2006 – BUDAPEST, HUNGARY

ADDRESS EXAMINATION APPLICATIONS AND INFORMATION REQUESTS TO:

JAMES HEAVNER, DVM, PhD, FIPP
DIRECTOR OF WIP EXAMINATION APPLICATIONS
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
3601 4TH STREET MS: 8182, ROOM 1C282
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PAULA BRASHEAR, EXAMINATION SECRETARY

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