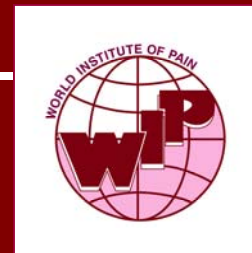


World Institute of Pain Newsletter



Message from the forthcoming president

Dear Colleagues,

The World Institute of Pain (WIP) was established in 1993. Since then it has grown and continues to grow. During this period, WIP has organized: four World Congresses: Eilat, Israel (1998); Istanbul, Turkey (2001); Barcelona, Spain (2004); and Budapest, Hungary (2007). The next World Congress will be held in New York, USA in 2009.

Since 1996 WIP has organized 12 cadaver workshops in Budapest. Besides those, meetings were either organized or endorsed by WIP in Sharm El Sheikh, Egypt; Santorini, Greece; Athens, Greece; Puerto Rico (twice); Brussels, Belgium; and six workshops organized in London, United Kingdom.

In 2001 an important step was achieved with the establishment of the Section on Fellowship of Interventional Pain Practice (FIPP). The WIP has held six FIPP examinations in Budapest and four in Memphis, reaching up to 500 alumni. These alumni are represented on a worldwide scale from 28 countries or regions.

Our journal *Pain Practice*, first published in 2001, has been listed in Index Medicus since 2006. It has been complementarily presented to the World Congress participants, and also offered as a benefit of membership in WIP.

Our web site, www.worldinstituteofpain.org, conveys much information about our activities.

During the World Congress in Budapest in September 2007, our Executive Board took historical action to enlarge and include more enthusiasts in our activities. Seventeen sections within our alumni who have the FIPP title were created all over the world. These sections will work together with WIP in order to promote pain management in their regions. The Section leaders will be represented on the WIP Council and will have voting rights for future appointments to the WIP Executive Board. They also will have a member-at-large on the WIP Executive Board. An alumni representative also serves as a member-at-large on the WIP Executive Board. A new Advisory Board has also been established, consisting of 15 outstanding leaders representing several disciplines in pain medicine.

I would like to thank all past presidents: Prof. Prithvi Raj, our leader and founding president; the late Prof. David Niv; and our current President, Prof. Gabor Racz; all members of our Executive Board and Advisory Board; and all colleagues who wrote this history of success.

We will be very happy to include all of our alumni and other members in the activities of the WIP. Please send your proposals or any activity you would like to be included. WIP aims to promote pain medicine all over the world. This goal will only be achieved by your active support.

Prof. Serdar Erdine
WIP President Elect, 2008-2011



VOLUME III, ISSUE 1

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5th World Congress
New York, USA
March 13-16, 2009



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HISTORY OF PAIN MEDICINE: A Clarion Call to Pain Medicine Physicians

By P. Prithvi Raj, M.D., FIPP, ABIPP
Founder and Past President, WIP



I am writing this column on the history of pain management to answer a clarion call that we as Pain physicians need to hear. This column has a bias of the way I think about the status of pain management and could be challenged by pure historians.

Collectively, it is our moral obligation to elevate the standard of pain practice higher than we found it in our lifetime. By writing this column, I am pleading to all the practitioners of pain medicine and representatives of professional pain societies to come together to find ways to solve the problems that the field of pain medicine faces today.

The need for us to solve the problems of pain medicine include:

1. Recognition of pain management as a primary specialty, with its subspecialties, such as interventional pain medicine.
2. Research and study of the pain mechanisms with the most effective tools available today.
3. Champion the right of every human being to expect assistance in pain relief by all physicians, as a mandate from the United Nations.
4. Educate the government and reimbursement agencies to respect the specialty of pain medicine similar to major specialties of medicine and surgery.

In this and future issues of the WIP Newsletter, I shall review the history of pain management from pre-historic times. Your comments will be most welcome. - Prithvi Raj (prithviraj@fuse.net)

HISTORY OF PAIN MEDICINE

By P. Prithvi Raj, MD, FIPP, ABIPP

Man has been afflicted with pain since his beginning. In the records of every civilization one finds testimonials to the omnipresence of pain. On Babylonian clay tablets, in Egyptian papyri, in Persian leathern documents, in inscriptions from Mycenae, on parchment rolls from Troy, and all down through the ages, in every civilization, in every culture, are found prayers, exorcisms, and incantations that bear testimony to the dominance of pain. The unearthing of prehistoric human skeletons has added millions of years to man's recorded history, including the history of pain, for many of these bones bear signs of painful diseases.

It is therefore natural that since its beginning mankind should have engaged its energies to appease such an evil force, and as long as pain has existed there have been efforts to find means of controlling it. Its management has always taxed the diagnostic acumen and therapeutic skill of physicians.

Early indications of man's continuous struggle to alleviate pain are found in myths and oral histories, which describe man groping in the darkness of superstition and religious mysticism. Later, as knowledge increased, medicine was based more or less on reason, but almost all attempts to ease pain were futile and the desired end was attained only to a limited degree.

Early Pain Management

Perhaps the earliest attempts at managing pain included physical therapeutic methods. Ancient man sensed relief from pain when the injured part was rubbed or exposed to the cold water of streams or lakes, the heat of the sun, and later that of fires.' Pressure was also used to numb the part and thus lessen the pain, and probably in time primitive man learned that pressure over certain regions, such as the nerves and arteries, had a more pronounced effect, though he did not know why. Psychotherapy in the form of autosuggestion was also employed by our aboriginal forefathers, who considered pain an evil spirit and made many efforts to appease or frighten away these pain demons with rings worn in the ear and nose, talismans, amulets, tiger claws, and similar charms. In addition, the skin was tattooed with exorcist signs to keep these evil spirits outside the body. Above all, conjurations, spells, and words of might were used by the injured man, enabling him to put the pain demons to flight. When a primitive man could not relieve his own suffering, he called on the head of the family who, according to anthropologists, in prehistoric times was the woman—the Great Mother—who acted as priestess and sorcerer in one, perhaps because the maternal instinct made

HISTORY OF PAIN MEDICINE (continued from previous page)

Fig 1— Seated female figure, ca. 6500—5700 B.C., found in excavations of Catal Huyuk in Central Turkey, thought to be a fertility god-dess shown giving birth, one of the earliest representations of delivery in this position. (Courtesy of the Archaeological Museum of Ankara, Ankara, Turkey. (Reproduced by permission.)

her better qualified than anyone else to protect the life she had given (Fig 1). Even in the subsequent patriarchal state, women remained preeminent as healers. Gradually, however, their duties of banishing pain were taken over by the medicine man, conjurer, or shaman of the tribe, who, having no maternal instinct and having the same shape as all other men of the village, had to rely on the art of conjuring. It was therefore necessary for him to change his shape by dressing as an antidemon and make his house a special "medicine hut" where he muttered incantations and fought and wrestled with the invisible pain demons.

Change in the Meaning of Pain

Gradually man's idea of the cause of pain underwent a change; what had been interpreted as the sport of evil spirits was then inflicted by an offended deity. The methods of alleviating pain changed likewise, and the medicine man was replaced by the priest, servant of the gods. Along with the natural remedies, the priest relied on prayers usually made at the shrines of the deities, whether these shrines were the ziggurats of the Babylonians and Assyrians, the pyramids of the Pharaohs, the pillared temples of the Greeks, or the teocallis of the Aztecs. In holy ecstasy, the priests besought the deity to enlighten them as to the offense for which the sufferer had been smitten with a painful illness, using charms and sacrifices to propitiate the immortals. When the sacrifices had been duly made, the gods might be ready to listen to the supplications of the priests and perhaps to grant relief. Classical medicine was based on such belief, and even Hippocrates believed that *divinum est opus sedare dolorum* ("divine is the work to subdue pain").

WIP2009
5th World Congress
World Institute of Pain - WIP
New York, USA, March 13-16, 2009

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25th Annual Pain Symposium in Lubbock, Texas and| Dedication of the New International Pain Institute Facility June 13-15, 2008



The 25th Annual Pain Symposium and the dedication of the new International Pain Institute building will occur June 13-15, 2008 in Lubbock, Texas. The Pain Symposium is sponsored by Texas Tech University Health Sciences Center Department of Anesthesiology, International Pain Institute and Office of Continuing Medical Education, Texas Pain Society and the World Institute of Pain. (For more information, see CME Web site: <http://www.ttuhscc.edu/cme> or contact Melinda Steele at melinda.steele@ttuhscc.edu.)

I look forward to seeing many colleagues, former anesthesia residents and pain fellows, and friends at the event. On reflection, I am amazed at how the field of interventional pain medicine has been influenced by our irresistible impulse to have a conference 25 years ago! The Texas Tech University Health Sciences Center Interventional Pain Program was the first one to use cadaver teaching under fluoroscopy guidance in a planned scheduled basis where it has become part of the teaching and learning for all of us. We have made every effort to bring new information and safer and better methods for dealing with problems that our patients present to us. The concept from the very beginning was treatment of pain and not just doing diagnostic or haphazard limited blocks. The spectrum of topics has ranged from psychological to medical management, anatomy, techniques, new ideas, new concepts, stimulation of different parts of the nervous system, and use of drugs that have become part of the current practice of interventional pain medicine. Key figures who have contributed to the development and evolution of interventional pain medicine have participated in the Lubbock Pain Symposium.

The 25th Annual Pain Symposium will be a landmark event where we dedicate the new International Pain Institute facility that will give TTUHSC interventional pain a new home. The facility will be the first academic-based surgical center model where clinical and interventional patient evaluation and treatment will exist side by side.

Please make plans to join me in June in Lubbock to celebrate this landmark event in TTUHSC and interventional pain medicine history.

- Gabor B. Racz, MD, FIPP
President, WIP and Co-Director TTUHSC Pain Services

FIPP ALUMNI ASSOCIATION

By Patrick R. McGowan, MBChB, FRCA, FIPP
WIP Council Executive Board Member-at-Large; Chairman, FIPP Alumni Association



NEW FIPP Alumni News

Have you moved or been appointed to a position of leadership within your organization or a professional society board or committee? Have you been awarded a grant, authored a book or article, or received another honor? If so, tell us about it! The WIP Newsletter is introducing a new FIPP Alumni News section to keep fellow FIPP alumni abreast of significant professional achievements of its alumni and to promote collaboration between colleagues with similar interests.

With address changes, only the minimum of information will be published—name of your practice, hospital or university affiliation, city/province and country. Specific details of your address and contact information will not be disclosed unless you specifically request that the WIP to include this detail. Your consent would be required to include these details.

Please forward your news of interest to your FIPP colleagues to the WIP's Executive Secretary, Dianne Willard, at Dianne.willard@worldinstituteofpain.org.

WIP Sections

By Charles A. Gauci, MD,FRCA, FIPP

WIP Council Executive Board Member-at-Large; Chairman, Board of Sections

The WIP Sections were set up following the WIP 2007 World Congress in Budapest. The principal aim of the Sections is to foster WIP-related activities at a national level.

At the moment, several countries are grouped together in regional Sections, but once a country has reached the 'critical mass' of six full WIP members, any country can apply to set up its own separate Section of WIP. Each section has a Chairman and, in some cases due to the sheer size of the Section or for other factors, a few Sections also have a Vice-Chairman. The other Section officials are the Secretary and Treasurer. The Chairmen were appointed following extensive consultation by email of all members in that Section.



Three groups of members can belong to a WIP Section:

- Full members, FIPP certified
- Associate members, candidates for FIPP
- Pain Clinic members

Any physician engaged in pain management who has not obtained the FIPP certificate is eligible for Associate Membership. Associate members are not eligible to sit on any WIP Boards or committees, including the Section committees themselves. All Pain Clinics are eligible for Pain Clinic membership if the Director of the Clinic holds the FIPP certificate. Pain Clinic members are also not be eligible to sit on WIP Boards or committees.

WIP Sections have a number of responsibilities. They should be active in promoting membership of WIP and of facilitating WIP activities in their particular region. They are responsible for collecting and renewing annual WIP membership fees. In partnership with the FIPP Alumni Association, they should promote publication of their members work in *Pain Practice* and in this *WIP Newsletter*. They must plan and organize educational WIP activities in their region and encourage members to attend WIP educational programs. It is absolutely vital that Sections help the WIP administration to maintain correct roster addresses for their members.

Sections are encouraged to nominate and select members for WIP committees and for the WIP Section of Pain Practice. Section members should encourage appropriate alumni for the FIPP examination, for the Editorial Board of *Pain Practice*, and for the faculty membership on WIP approved scientific programs. The Chairman of each Section is ipso facto a member of the WIP council. The individual Section chairmen nominate one of their members to be their overall chairman and this nominee will also be a member-at-large of the Executive board of WIP.

I was given the task of setting up the various sections by the Executive Board and have been given the role of Executive Board Member-at-Large for the next three years, after which, together with all Section chairmen and officials, I will step down.

Many Sections members are already promoting regional activities; this enthusiasm is highly commendable. In order to maintain the highest standards and to prevent meetings clashing with each other, all meetings seeking WIP approval should first of all be referred to the relevant Section chairman. He/she will then pass on his comments to the Section Representative on the Executive Board. The Section Representative on the Executive Board will carefully vet the dates of the meetings so as to ensure that there are no clashing of dates. If there be such clashes, then he/she would point this out to the Section Chairman concerned in case a modification of dates is required. He would then forward his comments to the Executive Board. The Executive Board will have a Standing Board to vet the proposed meeting and to give a decision about its status. This process needs time, so Sections need to plan well ahead. It would be highly desirable that at each and every meeting, a brief presentation promoting the FIPP exam be made. The more FIPPs we have, the stronger we become.

All Section chairmen are expected to send an annual report to the Section Representative on the Executive Board regarding any activities that have been held in their sections during the previous year, together with all activities proposed in their sections for the year ahead. The report should also contain a breakdown of all members in their sections (Full, Associate and Pain Clinics) together with details of a recruitment drive to encourage new members. All this information collated from the various Sections will be included in a formal report to be submitted the Executive Board of WIP.

The sections set up to date are reflected in the chart on the next page.

WIP Section Chair Roster

Section	FIPPs	Chairman
Australia	9	Peter Courtney, MBBS, FIPP
Africa ⁽¹⁾	2	Neels de Villiers, MD, FIPP
Benelux (Belgium, The Netherlands)	24	Jan Van Zundert, MD, FIPP
Central & Eastern Europe (Germany, Hungary, Lithuania, Ukraine)	12	Martin Marianowicz, MD, FIPP
Turkey	13	Gül K. Talu, MD, FIPP
Mediterranean (Italy, Greece, Malta) ⁽¹⁾	8	Giustino Varrassi, MD, PhD, FIPP
SE Asia (Singapore, Philippines, Taiwan)	8	Sow Nam Yeo, MD, FIPP
Korea & Japan	4	Sang Chul Lee, MD, PhD, FIPP
Switzerland	8	Philippe Mavrocordatos, MD, FIPP
Israel	6	Meir Bennun, MD, FIPP
Middle East (Egypt, Saudi Arabia)	5	Magdi Iskander, MD, FIPP
Latin America (Argentina, Brazil, Mexico)	4	Fabrcio Dias Assis, MD, FIPP Juan Carlos Flores, MD, FIPP (Vice-Chairman)
Iberian (Spain, Portugal)	13	Carmen Pichot, MD, FIPP
Puerto Rico & Caribbean	5	José Rodríguez, MD, FIPP
USA & Canada	276	Leland Lou, MD, FIPP Michael Gofeld, MD, FIPP (Vice-Chairman)
UK & Eire	17	Muhammad Ather, MD, FIPP Charles A. Gauci, MD, FIPP (Vice-Chairman)
India, Iran & Pakistan	6	Gautam Das, MD, FIPP Tariq Tramboo, MD, FIPP (Vice-Chairman)

⁽¹⁾ Malta and South Africa, although belonging to separate sections, have both asked to be included in the UK Section, at least for the moment.

The pieces are now all in place, so *per aspera ad astra!*

- Charles A. Gauci

➔ Section Chairs and Co-chairs, Please send your WIP Section News to Charles Gauci at charles.gauci@btinternet.com and copy WIP Executive Secretary at dianne.willard@worldinstituteofpain.org. Section news will be reported in the WIP newsletter and posted on the WIP website at www.worldinstituteofpain.org.

WIP Section News

USA-Canada Section



TEXAS TECH UNIVERSITY
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Contact Melinda Steele at 806.743.2929 or melinda.steele@ttuhsc.edu for more information

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 Texas Tech University Health Sciences Center, The Texas Pain Society and the World Institute for Pain. Texas Tech University Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. Texas Tech University Health Sciences Center takes responsibility for the content, quality and scientific integrity of this CME activity. Texas Tech University Health Sciences Center Office of Continuing Medical Education presents this activity for educational purposes only. Participants are expected to utilize their own expertise and judgment while engaged in the practice of medicine. The content of the presentation is provided solely by presenters who have been selected for presentations because of recognized expertise in their field.



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WIP Section News

UK-Eire Section

3RD INTERNATIONAL SYMPOSIUM ON INTERVENTIONAL PAIN PROCEDURES

26 JUNE 2008

Jurys Hotel , 16-22 Great Russell Street, London WC1B 3NN

7th UK HANDS-ON CADAVER WORKSHOP ON INTERVENTIONAL PAIN PROCEDURES

27 & 28 JUNE 2008

Rockefeller Building, University College, London WC1E 6BT

Course Organizers

Dr. C. A. Gauci MD FRCA FIPP

Whipps Cross University Hospital, London & Queen's Hospital, Romford Essex

Dr. M. Ather FRCA FFARCSI FIPP

Queen's Hospital, Romford Essex

TO REGISTER, CONTACT:

Dr. M. Ather, Consultant in Pain Management, Queens Hospital
Rom Valley Way, Romford, RM7 0AG.

Telephone: 01708 503 287 Fax: 01708 503 763

E-mail: muhammad.ather@bhrhospitals.nhs.uk or pain.workshops@bhrhospitals.nhs.uk



Leaflet posted on
www.worldinstituteofpain.org

MANUAL OF RF TECHNIQUES
by Dr. Charles A. Gauci MD FRCA FIPP
Order at: www.flivopress.com

WIP Section News

Middle East Section



World Institute of Pain (WIP)
The Egyptian Society for Management of Pain (ESMP)
Pan Arab Institute of Pain (PAIP)
Announce

INTERNATIONAL PAIN CONGRESS

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CAIRO INTERNATIONAL CONGRESS CENTER, EGYPT

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Secretary General

Prof. Magdi Iskander, Prof. Maher Fawzi & Prof. Abdullah Fekry

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**WORLD INSTITUTE OF PAIN
SECTION OF PAIN PRACTICE
Announces the**

**13th FIPP (ABIPP Part II) Examination
September 11-12, 2008 — Budapest, Hungary
Registration deadline: 1 August 2008**

**14th FIPP (ABIPP Part II) Examination
16 March 2009 — New York (following WIP World Congress)
Registration deadline: 5 January 2009**

*** No late applications ***

**OPTIONAL Review Courses & Workshops
September 8-10, 2008 — Budapest, Hungary
March TBA, 2009 — New York, USA
Separate registration fee required. Details to be announced.**

Register for the FIPP Examination by mail to:

James Heavner, DVM, PhD, FIPP

3601 4th Street – MS: 8182 • Lubbock, Texas 79430 USA

Phone: 806-743-3112 • Fax: 806-743-3965 • E-mail: paula.brashear@ttuhsc.edu

Paula Brashear, FIPP Examination Secretary

Nagy Mekhail, MD, FRCA, FIPP, Examination Chair (June 2008-2011)

Maarten Van Kleef, MD, PhD, FIPP, Examination Co-Chair (June 2008-2011)

Serdar Erdine, MD, FIPP, President, WIP (June 2008-2011)

*** Applicants from the UK ***

are urged to use the UK application form adapted to UK credentials

and may secure it from Dr. Muhammad Ather

muhammadather1@aol.com or paula.brashear@ttuhsc.edu

www.worldinstituteofpain.org

World Institute of Pain

Paula Brashear, FIPP Examination Secretary

E-mail: paula.brashear@ttuhsc.edu



PAIN Practice



Official Journal of the World Institute of Pain

Volume 8, Issue 2, 2008

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Official Journal of the World Institute of Pain
Volume 8, Issue 2, 2008

FEATURED ABSTRACT PREVIEW

Psychosocial Differences Between High-Risk Acute versus Chronic Low-Back Pain Patients

Robert J. Gatchel, Ph.D., A.B.P.P., Dana Bernstein, Ph.D., M.S., Anna W. Stowell, Ph.D. and Glenn Pransky, M.D.

ABSTRACT

The present study was designed to evaluate the relative degree and type of emotional distress in high-risk acute low back pain (ALBP) subjects (defined as less than 3 months since initial injury) versus high-risk chronic low back pain (CLBP) subjects (defined as greater than 3 months since initial injury). It is an extension of earlier findings that demonstrated the significant role that such emotional distress may play in the development of chronic low back pain disability if not appropriately treated in the acute phase. This work stems from a conceptual three-stage model, which characterizes the progression from acute to chronic pain. Several psychosocial measures were administered that included information allowing for the classification of subjects as high-risk based upon an earlier developed screening algorithm. The ANCOVA procedure in SPSS was used to compare groups, controlling for gender, ethnicity and age. Results revealed that CLBP subjects had higher rates of certain measures of emotional distress and depression relative to ALBP subjects. These findings further support the importance of effectively managing emotional distress factors early, when treating musculoskeletal disorders such as low back pain.

Correspondence should be addressed to:

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Submitted: July 23, 2007; Revision accepted: November 12, 2007



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effective June 2008 through 2011

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WIP honors one of its heroes

In honor of the contributions made by Samuel J. Hassenbusch, III, MD, FIPP to WIP and the FIPP examination process, the Executive Board of WIP has created:

The Samuel J. Hassenbusch, III Prize for Interventional Pain Medicine

The Hassenbusch Prize will be presented to the highest scoring candidate in each FIPP examination.

The prize will consist of a monetary award and recognition at the next WIP World Congress.

The first recipient will be chosen from the Memphis 2008 examination candidates and will be announced in the next issue of the WIP Newsletter.

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In Memoriam Celebrating the Life of Samuel J. Hassenbusch, III, MD, PhD, FIPP February 6, 1954 - February 25, 2008



Sam Hassenbusch has departed from us by the very thing that he has been trying to treat as a neurosurgeon, a relentless brain tumor glioblastoma that he was diagnosed with in 2005. He was involved intermittently with the care of people who suffer the same fate. He counseled and continued to treat his patients during his rather prolonged good response to treatment, and he had the forever hope of complete cure and/or total or partial remission. Unfortunately, our hopes were dashed, and he was remembered by a large number of grateful friends at this memorial celebration for his life and so very many contributions as a physician and the last good many years as a pain physician. He realized the importance of interventional pain and the full spectrum of pain treatment. He was active in the Texas Pain Society; he was active in his specialty neurosurgery; he was active at the U.S. national level by serving on the code setting AMA committee. He was recognized for his contributions by ASIPP, WIP; and has been president of AAPM and ANS as well as Texas Pain Society. Most significantly, because he realized that we needed to raise the bar and push the level of knowledge, he was an active participant in the efforts of World Institute of Pain. He was in the first group to take the FIPP examination in 2001 and subsequent to that served as an examiner to the newer candidates. His research is significant and mainly directed at solving, resolving, and lessening pain and suffering. I was asked by him and his wife Rhonda to be one of the participants in the special event of In Memoriam Celebration of the Life of Samuel J. Hassenbusch, III, MD, PhD, which took place on April 3, 2008. His life came to an end on February 25, 2008.

In consideration of all the contributions, the achievements, the friendship, the recognition and the respect, the board of the World Institute of Pain decided to honor Sam Hassenbusch by initiating the Samuel J. Hassenbusch III Prize for the highest scoring candidate in the FIPP Examination process, to be given on an annual basis. This Award shall be decided by a three-member committee based on the analysis of the scores and recommendation of the Examination Board and the consultants involved in the examination quality assurance process. The committee shall consist of Prithvi Raj, and the two most senior members of the Executive Board and/or the Board of WIP. Additionally, the Prize will include a financial reward of \$1,000. The large audience participating at the memorial celebration greeted the announcement with unrestrained enthusiasm and approval. There was a very simple reason for that. Everybody in the room felt the same way that we all feel for our departed friend, Sam Hassenbusch. The program for the In Memoriam Celebration of his life can be found on the WIP website. The full DVD of the program is also available on the WIP website as well as on the ASIPP website.

- Gabor B. Racz, MD, FIPP



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The WORLD INSTITUTE OF PAIN was founded in 1993 as an internationally-recognized organization to bring together the most recognized experts in the field of pain management for the benefit of patients and the advancement of pain management.

This NEWSLETTER is published quarterly and is distributed free of charge to those who are interested in our work.

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* Deceased

WIP Calendar of Events

13-15 June 2008—25th Annual Pain Symposium — Lubbock, TX, USA

JOINTLY SPONSORED BY TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, TEXAS PAIN SOCIETY, & WIP

CONTACT: Melinda Steele at melinda.steele@ttuhsc.edu

26 June 2008—3rd International Symposium on Interventional Pain Procedures — London, UK

CONTACT: Dr. M. Ather, muhammad.ather@bhrhospitals.nhs.uk or pain.workshops@bhrhospitals.nhs.uk

27-28 June 2008—7th UK Hands-on Cadaver Workshop on Interventional Pain Procedures—London, UK

CONTACT: Dr. M. Ather, muhammad.ather@bhrhospitals.nhs.uk or pain.workshops@bhrhospitals.nhs.uk

NEW 8-10 September 2008: Review Course and Workshop — Budapest, Hungary

CONTACT: Mrs. Paula Brashear at paula.brashear@ttuhsc.edu

11-12 September 2008: 13th FIPP (ABIPP Part II) Examination — Budapest, Hungary

REGISTRATION DEADLINE: 1 AUGUST 2008 – NO LATE APPLICATIONS

CONTACT: Mrs. Paula Brashear at paula.brashear@ttuhsc.edu

20-22 November 2008 Regional Symposium—Cairo, EGYPT

CONTACT: Dr. M. Iskander, magdir_iskander@hotmail.com

NEW TBA March 2009: Review Course and Workshop — New York, NY, USA

JOINTLY SPONSORED WITH ASIPP—DATES AND DETAILS TO BE ANNOUNCED!

NEW 13 March 2009: 14th FIPP (ABIPP Part II) Examination — New York, NY, USA

REGISTRATION DEADLINE: 5 JANUARY 2009 — NO LATE APPLICATIONS

CONTACT: Mrs. Paula Brashear at paula.brashear@ttuhsc.edu

13-16 March 2009: WIP 5th World Congress — New York, NY, USA

VISIT WEBSITE: www.kenes.com/wip

NEW 28-31 MAY 2009: SYMPOSIUM IN ATHENS, GREECE

DETAILS TO BE ANNOUNCED!

CONFERENCE ORGANIZER: Athina Vadalouca, MD, PhD, FIPP

**FUTURE WIP
WORLD CONGRESSES
(DATES TBA)**

**2011
Perth, Western Australia**
**2013
London, England, UK**
**2015
Maastricht,
The Netherlands**