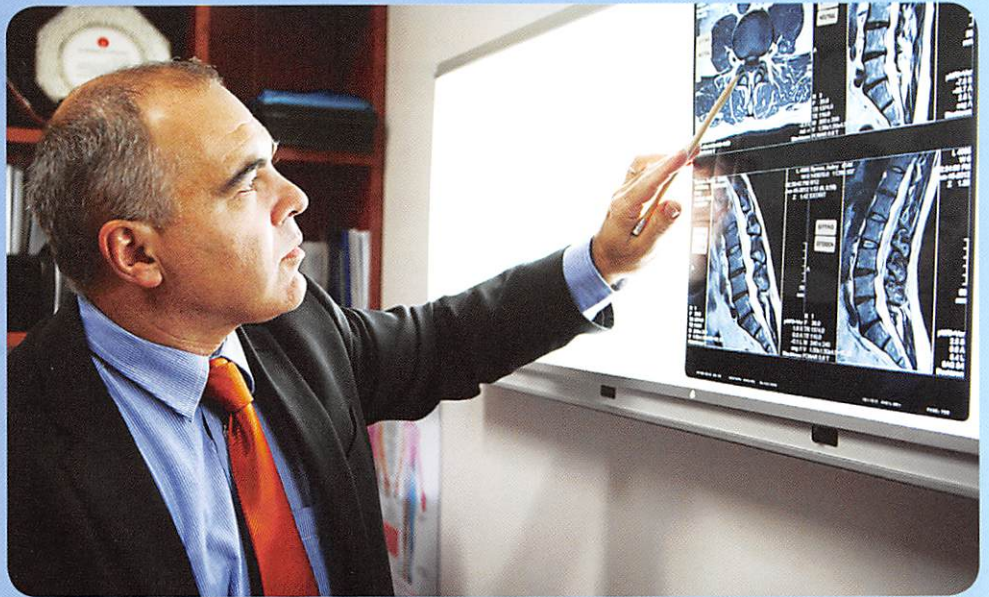




HUNTER
PAIN CLINIC



Platelet-Rich Plasma - The Clinical Evidence

Platelet-Rich Plasma (PRP) injections have been used for many years to treat cartilage injuries and osteoarthritis (OA). PRP is produced by taking a sample of the patient's blood and separating the plasma component that is rich in platelets and void of red blood cells. When activated by the enzyme Thrombin, the platelets secrete growth factors and cytokines which promote healing and regeneration. Clinical studies have so far demonstrated promising yet preliminary outcomes for PRP in treating cartilage injuries and early OA. The majority of studies have reported outcomes after 12 months of PRP injections.

A recent clinical study by Gobbi et al. (2014) - "The Effects of Repeated Intra-articular PRP Injections on Clinical Outcomes of Early Osteoarthritis of the Knee" - published in the journal of Knee Surgery and Sports Traumatology Arthroscopy, has produced particularly promising evidence of long term results. The study was performed in 93 patients with early OA of the knee(s) that had developed after a history of recreational sports involvement. All patients received 3 injections at monthly intervals in a year (1 cycle) and 50 of these patients received a second cycle of injections. All patients experienced improvements in pain, knee symptoms, ability to engage in sport, function in daily

living and quality of life. The greatest improvements were seen after 18 months and were higher in patients that received 2 cycles of injections than in patients that received only 1 cycle of injections. Improvements were still apparent 2 years after the

first injection, and again, were greater in patients that received 2 cycles of injections. This study provides evidence that there is long term clinical benefit in repeating the PRP injection 12 months after the initial injection.

Marc's Musings

Pilot Trial of Intravenous Pamidronate for Chronic Low Back Pain
Pain Vol 155, No 1, 2014, pp 108 - 117, Pappagallo et al.

This study was conducted at a number of centres in New York. This was a randomised placebo controlled study of 44 patients suffering axial low back pain for at least three months who had MRI evidence of degenerative disc disease or lumbar spondylosis and a pain score of at least 4/10. Sixteen patients received placebo and four groups each with seven patients received 30, 60, 90 or 180mg of Pamidronate (the 180mg was as two 90mg infusions separated by four weeks). There was a significant reduction in pain in the 180mg group at six months. The mean reduction in pain was 4.1 units on a numerical rating scale 0 - 10. On the responder analysis, 100% of patients in the 180mg group had a minimum of 70% reduction in pain, and of that group, in fact, 80% of them had a 100% reduction in pain.

Comment: By any classification, these are remarkable results. If replicated, they are likely to lead to watershed change in how chronic low back pain is managed. Two of the authors are employees of a large pharmaceutical company and the lead author has a patent for treating chronic spinal mechanical pain by intravenous administration of Biphosphonate. At this stage, I believe replication of these results by external independent research groups is warranted before wholesale change in clinical practice is implemented. Many pain physicians have treated numerous patients with Biphosphonate therapy or 180mg of Pamidronate and anecdotally have noticed significant improvements in low back pain.

Dr Marc Russo

MBBS DA (UK) FANZCA FFPMANZCA

**Specialist Pain Medicine
Physician**

Provider No. 094104CT

ABN: 13 089 616 642

Dr Willem Volschenk

MBChB, FCA (SA) FANZCA

**Specialist Anaesthetist
Consulting in Pain Management**

Provider No. 273422KT

ABN: 66 932 817 031

Multidisciplinary Team

Specialist Psychiatrist

Dr Pek Ang

Health Psychologist

Dr Mike Shelley

Clinical & Health Psychologist

Dr Sarah Campbell

Rehabilitation Counsellor

Liz Divall

Manipulative & Occupational Therapist

David Elvish

Independent Physiotherapist Consultant

Lisa McPherson

Physiotherapist

Karlene Russell

Exercise Physiologist

Lauren Hutton

Exercise Physiologist

Kristy Stone

Clinical Nurse Specialist

Jane Elvy

Pain Management Nurse

Rebecca Kennedy

Pain Management Nurse

Rachel Whipp

Emeritus Nursing Consultant

Dr Gena Lantry

Clinical Trials Manager

Dominic Bailey

Introducing our team...

Dr Marc Russo Welcomes Dr Willem Volschenk

Recently Hunter Pain Clinic underwent an accreditation process with the Faculty of Pain Medicine ANZCA Training Unit and we were recommended by Accreditation Committee to be accredited as a Level 2 Unit for training in Pain Medicine.

Hunter Pain Clinics multidisciplinary team, research capability and Dr Russo's expansive knowledge of pain medicine has attracted Dr Willem Volschenk MBChB, FCA (SA) FANZA to our practice.

Dr Volschenk is an experienced anaesthetist with an interest in pain management and will be consulting with patients at our various locations. During this time Willem will also be studying toward his Fellowship in Pain Management.

We welcome Willem and look forward to expanding our capacity to assist patients suffering from persistent pain.



Kay: Practice Manager

Kay is a highly experienced practice manager with over 20 years experience in health related fields including pathology, Medicare locals and general practice. Current practice manager for Hunter Pain Clinic and Hunter Clinical Research. Kay's life long learning has seen her complete an Advanced Diploma in Management this year. Kay represents Hunter Pain Clinic as the Practice Management Education Co-Coordinator for Hunter Post Graduate Medical Institute. Kay enjoys working with Dr Russo as she shares his love of continual quality improvement.



Jane: RN-Clinical Nurse Consultant

Jane is an experienced pain management nurse who has been a registered nurse for 31 years with a strong background in Operating Theatre technique, specialising in Anaesthetic and Recovery clinical and tertiary education. Jane currently holds a degree in Operating Theatre Nursing, a Graduate Certificate in Health Education, a certificate in Assessment and Training and is currently working towards a PhD in Chronic Pain Management. Jane's extensive experience and academic recognition in Education is indicated as Hunter Pain Clinic has a strong collaboration with ongoing patient and staff education.



Gillian: Office Manager

Gillian came to Hunter Pain Clinic 5 years ago. Gillian organises a reception team of four ensuring they are well trained and educated to provide the highest level of service to our patients. She is highly skilled in administration, organisation, typing, takes shorthand at 120 words per minute and is very resourceful. Gillian is Dr Russo's Personal Assistant. Gillian is a Girl Guide Leader and was recently awarded the Paul Harris Fellowship from Rotary for her service to the community.

Hunter Clinical Research Update

Hunter Clinical Research has gone through some significant changes since the beginning of 2014, with a new full time Clinical Trial Coordinator, Kate starting as well as a Part-time Research Administrative Officer Mel. Both have hit the ground running and are a welcome addition to the team. On the Clinical Trial side we have had a busy start to the year with 6 new studies commencing. These range from pharmaceutical investigations covering

Adhesive Capsulitis, Overactive Bladder and Rheumatoid Arthritis as well as promising new pain-based neuromodulation therapies and delivery systems for different types of chronic pain. Emphasis since late last year has been to reach out to more facilities in the local community to both educate and collaborate in regards to patient care and clinical trial participation. This has included meetings, visits and provision

of Clinical Trial and facility information to major public and private hospitals, physical therapists, pharmacies and Medical Specialists. This engagement with supporting healthcare providers has been both valuable and greatly appreciated.

Dominic Bailey,
MOHS; BNurs
Clinical Research
Manager



HUNTER
CLINICAL RESEARCH

Currently Recruiting...

Are you over 18 years of age and able to attend the Research Centre in Broadmeadow for the study required visits? If so you may be eligible to volunteer for a clinical research study with us. Currently we are recruiting participants for:

1. Study No. AUX-CC-871

A randomized, double-blind, placebo-controlled study of the safety and efficacy of AA4500 for the treatment of adhesive capsulitis (Frozen Shoulder) of the shoulder.

Congratulations to Dr Russo and his team who treated the first Australian patient this morning for the Adhesive Capsulitis study. The procedure went well and the site study team was extremely pleased with the patient's overall condition.

2. Study No. 178-CL-101

A Randomized, Double-Blind, Parallel-Group, Placebo- and Active-Controlled, Multi-Study to Evaluate the Efficacy, Safety and Tolerability of Combinations of Solifenacin Succinate and Mirabegron Compared to Solifenacin Succinate and Mirabegron Monotherapy in the Treatment of Overactive Bladder.

3. Study No. CA2013 OUS ULN

Multi-Center, Prospective Clinical Trial of the Senza™ SpinalCord Stimulation (SCS) System in the Treatment of Chronic Upper Limb and Neck Pain.

4. Study No. ReActiv8

Investigation of the ReActiv8® Implantable Stimulation System for Chronic Low Back Pain (ReActiv8-A).

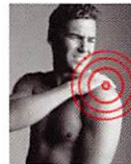
If you have any questions or believe you might be suitable to participate in any of the above studies please call...

(02) 4985 1860

ADHESIVE CAPSULITIS (FROZEN SHOULDER) RESEARCH STUDY

Are you over 18 years of age, and have been diagnosed with adhesive capsulitis (frozen shoulder) in the last year?

- Do you have restricted movement in the affected shoulder?
- Do you have normal movement in the other shoulder?
- Are you able to attend the Research Centre in Broadmeadow for the study required visits?



If you have answered yes to the above questions, you may be interested in taking part in a research study of an investigational therapy to treat this condition.

For further information, and to find out if the study is suitable for you, please contact the study staff of:



Hunter Clinical Research
Phone (02) 4985 1860

This study complies with the NHMRC's National Statement on Ethical Conduct in Human Research

M Russo Version 2.0, 12 Nov 2013, based on Hall Version 1, 03 October 2013



Is Your Daily Life Constantly Interrupted?

Do You Have These Symptoms:

- urinary urgency (a strong and sudden desire to urinate)
- frequent urinations day and night
- urge incontinence (accidental loss of urine caused by a sudden and unstoppable urge to urinate).

You may be eligible to participate in a medical research study to test a new investigational medicine for the treatment of overactive bladder.

If you are male or female and aged over 18 years and would like to find out more about this study, please contact:

Hunter Clinical Research
Telephone: (02) 4985 1860
Email: admin@hunterclinicalresearch.com.au
www.hunterpainclinic.com.au/hunter-clinical-research

Version 2, dated 06 March 2014

UPPER LIMB & NECK PAIN



DATA COLLECTION STUDY

Are you over 18 years of age and have been diagnosed with chronic pain of the upper limbs or neck?

- Do you have an average pain intensity of at least 5 or greater out of 10?
- Are you willing to comply with therapy requirements?
- Are you able to attend the Research Centre in Broadmeadow for the required data collection visits?

If you have answered YES to the above questions, you may be interested in taking part in a data collection study for an approved pain therapy.

For further information, or to find out if this study is suitable for you, please contact Hunter Clinical Research on the below details:

This study has been approved by the Billberry Human Research Ethics Committee

Version 2.0 (EN) 25 May 2014



Hunter Clinical Research

Telephone: (02) 4985 1860

Email: admin@hunterclinicalresearch.com.au

www.hunterpainclinic.com.au/hunter-clinical-research

For many adults like you, coping with back pain is a daily struggle



Right now, specialists from Hunter Clinical Research are conducting a research study that will observe whether a new type of implantable electrical stimulation can influence pain in long-term back pain patients.

If you are 21 - 65 years of age with back pain that has persisted for more than 3 months and have not had lasting success from other treatments, you may want to learn more.

Please call
02 4985 1860



Billberry Human Research Ethics Committee have approved the conduct of this study.
Vn 2014-001A
Document 000007, Rev. 0

Hunter Pain Clinic Locations

HEAD OFFICE NEWCASTLE

Hunter Specialist Medical Centre
91 Chatham Street, Broadmeadow
Ph 02 4985 1800
Fax 02 4940 0322
admin@hunterpainclinic.com.au
hunterpainclinic.com.au

ERINA

Central Coast Orthopaedic Rooms
Ground Floor, Erina Fair Complex
North South Road
(off Karalta Road), Erina

HAMILTON DAY SURGERY CENTRE

76 Jenner Parade, Hamilton South

KANWAL

Suite 3, Block A
Kanwal Medical Centre
654 Pacific Highway, Kanwal

MUSWELLBROOK

Brook Medical Centre
64 Brook Street, Muswellbrook

NELSON BAY SPECIALIST ROOMS

33 Stockton Street, Nelson Bay

SINGLETON

Singleton District Hospital
Cnr Boonal Street & Dangar Road,
Singleton

FOR BOOKINGS AND ENQUIRIES PLEASE CONTACT THE HEAD OFFICE NEWCASTLE

PHONE: 02 4985 1800
MONDAY TO FRIDAY
8:30AM TO 5:30PM

COMPLIMENTS/COMPLAINTS

If you wish to compliment a staff member or have any concerns about your treatment, please feel free to speak to your nurse, doctor or the Practice Manager. Alternatively, contact the NSW Healthcare Complaints Commission on **1800 043 159**.

BIEP Progress **innervate** pain management skills for life

The Brief Early Intervention Program has been up and running since 26th March this year and we have now completed our first ten week block. During the ten weeks, we had eight WorkCover participants and two Medicare participants attend. The BEIP is designed to be flexible for clients who are still currently engaged in work or have personal commitments. The program runs one afternoon per week, for two hours, over ten weeks, with a rolling timetable which allows for clients to commence the program at any stage of the ten weeks, and to make up any sessions they may have missed in the next ten week block. The group may range from six to fifteen participants at any one time.

The BEIP program is designed for people with sub-acute to eighteen months of chronic pain. Early

intervention is a reasonable and necessary treatment option for high risk injured workers. High risk means injured workers who have not progressed as expected at thirteen weeks post injury. Early intervention maximises outcomes from other concurrent treatments.

The program is delivered by our multidisciplinary team which include a health psychologist, rehabilitation counsellor, physiotherapist, nurse as well as external contractors.

We are continually working to make improvements on the content and the delivery of our program and have now included Kristy Stone, exercise physiologist to deliver the stretching and posture components of the program.

Although it is too soon for outcome data, the attendance and compliance data is excellent.

Review 2014 APS & NSANZ Annual Scientific Meetings



Jane Elvy, Dr David Caraway & Dr Marc Russo at the Annual Scientific Meeting

I had the privilege of attending the Neuromodulation and Australian Pain Society 34th Annual Scientific Meetings in April, after being awarded a scholarship from the Pain Interest Group Nursing Issues (PIG-NI) committee. This particular meeting was held in Hobart, Tasmania, at the Hotel Grand Chancellor which is situated on the waterfront overlooking the harbour. The Neuromodulation Annual Scientific Meeting is specifically targeted to Neuromodulation Stimulation Therapy which has become

one of the leading therapies in chronic pain management.

The theme of this meeting was "Over the Horizon", selected to represent the evolution of data collection and technical breakthroughs to help increase the efficacy of this therapy. Representatives were selected from Europe, Asia, England, United States of America, Canada and New Zealand.

Jane Elvy
Pain Management CNS
Hunter Pain Clinic