

Canadian Institute for the Relief of Pain and Disability

2008 Annual Report



Canadian Institute for the Relief of Pain and Disability

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President's Report

Jack Richman

This year was extraordinarily busy and productive. Projects included the World Congress on Neck Pain held in Los Angeles, California, planning and activities associated with a North American Post-Congress Dissemination Initiative, further work on the Health and Work Productivity Web Portal Project, launching an updated British Columbia on-line directory on community-based education programs and services, and thanks to a special one time capital grant from Direct Access, purchasing new hardware and equipment to support the delivery of programs and services in British Columbia.

We are very pleased to have Doug Salzwedel, our new Information Resource Officer, join us. Doug has a Masters of Library and Information Science from the University of Western Ontario and a Bachelor of Applied Geography from Ryerson University. For the past two years he was Trials Search Coordinator with the Cochrane Effective Practice and Organization of Care Review Group (EPOC). Doug takes a lead role in CIRPD's infrastructural renewal initiative overseeing the development of the Health and Work Productivity Web Portal and BC Consumer Education programming.

I would like to thank the work of CIRPD's board members who volunteer their time to provide on-going guidance to CIRPD strategic operations and the many scientific committee members, professionals and consumer volunteers who are the backbone to CIRPD's success.

This year with extraordinary activities we were also fortunate to have generous financial and in-kind support from many academic, professional organization and corporate sponsors. State Farm Insurance was a lead corporate sponsor for the Auto-engineering Section for the World Congress and related post-congress dissemination activities. As Dr. Matthew H. Liang, Professor at the Harvard School of Public Health and Congress Scientific Chair stated: "From a public health perspective the best way to reduce individual suffering and the socio-economic burden of neck pain arising from motor vehicle collisions is for the public to use vehicles with good head restraints and to make sure that head restraints be adjusted appropriately." Coupled with this message is new knowledge about the diagnosis and management of clinical treatment thanks to the efforts of the Bone and Joint Decade Neck Pain Task Force. We were very pleased to have the American College of Occupational and Environmental Medicine (ACOEM) as the lead US professional organization sponsor for the world congress in collaboration with the National Institute for Occupational Safety and Health (NIOSH) and support from the Canadian Institutes for Health (CIHR). Despite the downturn in the auto industry, the Woodbridge Group has continued their support for the CIRPD Trainee Award Program and CIRPD projects.

I would also like to extend a special thank you to Sheila Kerr. Sheila oversaw the World Congress on Neck Pain scientific program, monitoring the review of abstracts and providing technical and logistical support during the event. Dr. Marc White, CIRPD's founding Executive Director, continues to amaze the board and staff with his enthusiasm and uncanny ability to bring together and sustain multi-stakeholder teams to volunteer their time and energy to prevent and reduce pain, pain suffering and needless disability.

Working together, we have made a difference in the lives of people each and every day through CIRPD's programs and activities.

Thank you

Treasurer's Report

Elbert Wong

It is not surprising that given the range of CIRPD activities this past year there have also been a lot of financial activities. The World Congress was a scientific success however did not produce the anticipated revenue from delegate registrations and led to an unexpected liability due to not fulfilling its room commitment at the Hyatt Regency in Los Angeles. The Hyatt fortunately has provided an opportunity to mitigate this liability against future bookings with the facility. We are currently negotiating with some of our professional and corporate sponsors to book future events at the Hyatt.

Due to delays in the timing of funding from Direct Access, revenue from this source is overstated in this fiscal period as described in Note 6. As funding from Direct Access is usually paid in February a portion of funding is deferred as it will be expended in the next fiscal period. Direct Access funding provided support for hiring our new Information Resource Officer.

Grant applications have been made to support activities related to the Health and Work Productivity Web Portal and to extend CIRPD educational programs and services in BC and elsewhere. Challenges in the world economy including locally in BC have led to significant reductions of income across charities coupled with reductions in corporate giving. This has caused many charities to extend timelines for project deliverables and focus on priority activities. This coming year for CIRPD also presents some new funding opportunities associated with the Health and Work Productivity Web Portal requiring strategic input and long term planning at the board level.

World Congress on Neck Pain

The World Congress on Neck Pain was held in Los Angeles, California January 20-22, 2008. The congress was planned as a strategic vehicle to engage a broad base of stakeholders before, during and post-event to increase awareness and facilitate best practices in the prevention and management of neck pain based on the findings of the Bone and Joint Decade Neck Pain Task Force released at the congress as well as the latest research on auto safety.

The American College of Occupational and Environmental Medicine (ACOEM) joined CIRPD as a lead US professional organization sponsor. Over 120 stakeholders were invited to participate in the congress with 38 professional/consumer organizations, 3 journals, 7 academic centres and two government agencies joining as congress co-sponsors. These included AAA Foundation for Traffic Safety, Advocates for Highway and Auto Safety, American Association of Occupational Health Nurses, American Back Society, American College of Occupational and Environmental Medicine, American Chiropractic Association, American Physical Therapy Association, American Public Health Association, Arthritis Research Centre of Canada, Association for the Advancement of Automotive Medicine, Auto 21 - Network Centres of Excellence, US Bone and Joint Decade, Canadian Association of Rehabilitation Professionals, Canadian Association of Road Safety Professionals, Canadian Centre for Occupational Health and Safety, Canadian Chiropractic Association, Canadian Interdisciplinary Network for Complimentary & Alternative Medicine Research, Canadian Pain Society, Canadian Physiotherapy Association, Canadian Psychological Association, Canadian Society of Medical Evaluators, Centre for Action in Work Disability Prevention and Rehabilitation, Consumer Federation of America, Foundation for Chiropractic Education and Research, Insurance Institute for Highway Safety, International Commission on Occupational Health: Work Disability Prevention and Integration, International Research Council on the Biomechanics of Injury, International Society of Physical & Rehabilitation Medicine, National Athletic Trainers' Association, National Safety Council, National Spine Network, North American Spine Society, Thatcham, Traffic Injury Research Foundation, World Confederation for Physical Therapy, World Federation of Chiropractic, and World Spine Society. We were also pleased to have the National Institute for Occupational Safety and Health (NIOSH) and the Canadian Institute for Health Research co-sponsor the congress.

The congress website www.neckpaincongress.org has a Press Room area which captures some of the articles, interviews and media releases arising from the congress.

Thanks to the sponsorship of CIHR and State Farm Insurance we were able to offer cash prizes to winners of the best posters/presentations at the World Congress. The Woodbridge Award for Research Excellence in Auto Safety was awarded to Charles Farmer, Laurie Hellinga, Jo Anne Wells & David Zuby for their paper *Relationship of Dynamic Seat/Head Restraint Ratings to Real-World Neck Injury Rates*. The study demonstrated that neck injury rates were 15% lower for drivers of vehicles with seats rated good compared with seats rated poor. Most importantly, prolonged or persistent neck pain lasting 3 months or more was 35% lower for drivers of vehicles with seats rated good versus seats rated poor. Although it has been known within the auto-safety community that good head restraints should prevent or mitigate neck pain injuries, these prior studies were primarily based on sled tests (other than Volvo and SAAB). The congress presented real world collision data research that quantifies the reduction of serious neck injuries when people select vehicles with better head restraints and adjust them appropriately.

On the health care side, Awards in the Clinical Sciences were presented to:

- Leah Phillips, L Carroll, JD Cassidy & P Côté - *Whiplash! Who gets Depressed? Who Stays Depressed?*
- Pierre Côté, S. Ibrahim, L Carroll, JD Cassidy, D. Beaton, Kristman S. Hogg-Johnson - *Mediators of the Association Between Impairment, Activity Limitations and Recovery from Whiplash Injuries*

- S. Johnson, I. Cameron, T. Rebbeck, D. Sindhusake, A-M. Feyer & J. Walsh - *Legislative Change is a Highly Cost Effective Method of Improving Health Status in People with Whiplash.*
- Cesar A. Hincapié, JD Cassidy, P Côté, L Carroll, J Guzmán – *Whiplash Injury is More Than Simply Neck Pain: A Population-Based Study of Pain Localization after Traffic Collisions*

Post-Congress Dissemination Activities

Post-event, NIOSH hosted a meeting with invited key stakeholders to discuss the findings of the congress. The following organizations had representatives at the meeting: AAA Foundation for Traffic Safety, Agency for Healthcare Research and Quality, American Association of Occupational Health Nurses, American Chiropractic Association, American College of Occupational and Environmental Medicine, American Physical Therapy Association, Association for the Advancement of Automotive Medicine, AUTO21 Network Centres of Excellence, Insurance Institute for Highway Safety (IIHS), National Highway Safety Transportation Agency, National Safety Council, Office of Research on Women's Health – National Institutes of Health, Pan American Health Organization / World Health Organization, and the US Bone and Joint Decade. NIOSH had 5 representatives participating in the meeting. There were also other stakeholders who indicated an interest in the deliberations with an interest in post-congress activities.

Immediately following the NIOSH meeting, CIRPD began working with ACOEM to formally to create a joint partnership agreement to develop a comprehensive Research to Practice (R2P) strategy that builds on government and professional organizations' stakeholders' interest to advance the understanding and dissemination of credible knowledge on musculoskeletal problems with the initial focus being neck pain prevention and management. The R2P strategy includes the development of knowledge, tools and resources to facilitate the provision and mobilization of:

- Credible information – on natural history and etiology, appropriate clinical care, and effective prevention methods
- Practical evidence-based knowledge, tools and resources - for use by health professionals, policy-makers and the public
- Curricular resources - for educating health and safety professionals
- Metrics - for clinical care that support quality improvement in profession practice

Prior to CIRPD's dissemination activities, neck pain prevention and management was not a high priority concern among most stakeholders. In fact, neck pain was not even on the radar screen. The congress planning and engagement increased awareness about the socio-economic burden of neck pain in the population and has knitted together government, professional and academic interest in working together for the betterment of neck pain prevention and management. Together we can prevent needless injury and disability from automobile collisions both at work and at home.

The Woodbridge Grants and Awards Program

Catching up on Award Winners

We were curious to find out what happens to trainees after they complete their graduate studies supported by CIRPD's Woodbridge Grants and Awards Program. We were pleased to catch up with three former winners.



Douglas Gross PhD is an assistant professor in the Department of Physical Therapy at the University of Alberta and a research affiliate with Millard Health, the WCB-Alberta's rehabilitation facility. His research focuses on injured workers with musculoskeletal conditions, including investigating the role of functional testing and public education campaigns. Dr. Gross has been published in such journals as *Spine*, *Occupational and Environmental Medicine*, and *Physical Therapy*. He is very grateful for the fellowship award he received from CIRPD. *"It was instrumental in the completion of my PhD thesis research and helped open the door for my career as an academic."* His project and PhD degree were completed in 2003,

resulting in three peer-reviewed journal publications and 4 conference presentations. (Doctoral Award supported under CIRPD-CIHR Partnership Program)



Vicki Kristman is a CIHR Post-Doctoral Research Fellow at the Centre of Research Expertise in Improved Disability Outcomes (CREIDO). She holds a doctoral degree in epidemiology from the Department of Public Health Sciences at the University of Toronto, a Master's degree in Community Health and Epidemiology from Queen's University, and a Bachelor of Science degree from the University of Guelph. In 2007, she was awarded a prestigious CIHR fellowship for her research on return to work after motor vehicle collisions. In addition, she is currently enrolled in the CIHR workplace disability prevention training program through the Université de Sherbrooke. This program assists researchers to develop

research skills involving transdisciplinarity, ethical and legal issues, communication, stakeholders, and knowledge exchange. Vicki's general research interests include understanding the etiology of disability after injury in order to develop future interventions. (Doctoral Award supported under CIRPD-CIHR Partnership Program)



Dr. Brenda Vrkljan, O.T., Reg. (Ont.) is an Assistant Professor, with the School of Rehabilitation Science Occupational Therapy Program at McMaster University. Dr. Vrkljan completed her PhD in November, 2006 when she was a doctoral student at the University of Western Ontario. She continues to be involved in a number of research projects related to older drivers. She is co-leading a project on the development of vehicle design rating system for older drivers including Canadian Driving Research Initiative for Vehicular Safety in the Elderly (CanDRIVE) an interdisciplinary research initiative funded by a CIHR- team grant. (Doctoral Award

supported under CIRPD-AUTO21 CIHR Partnership Program).

Featured Current Trainee



Fearon Seaman completed her BSc in Kinesiology in 2005 and went on to complete her MSc in Exercise and Sport Science in 2007 at the University of New Brunswick, specializing in shoulder loads in automotive assembly tasks. Fearon is currently a PhD student in the Faculty of Kinesiology at the University of New Brunswick and will be continuing her work on shoulder loads, as well as establishing shoulder fatigue and recovery profiles. As a highly qualified person (HQP) for the AUTO21 Network of Centres of Excellence, she is working as part of a research team dedicated to improving the health and safety of automotive workers. Having received this award,

Fearon was able to attend the North American Congress on Biomechanics (NACOB) Conference in August 2008 where she was able to network with leading researchers in biomechanics, attend tutorials and training sessions for graduate students, and expand her knowledge on the various applications of biomechanics research. (Award supported under CIRPD-AUTO21 CIHR Partnership Program)

Recent Winners of CIRPD-AUTO21-CIHR Competition

Congratulations to the following winners of the Spring and Fall CIHR competition:

Diana Elisa De Carvalho at the University of Waterloo for her study: *Effectiveness of a lumbar support in maintaining lumbar lordosis in sitting: A radiographic comparison of initial and long term effects on the lumbar spine and pelvic posture during simulated prolonged driving.*

Mylène Hazel at the University of Montreal for her study *Neuropsychological factors involved in safe driving conditions: A simulated study on individuals living with cognitive deficiencies.*

Natalie Sacher for her study, *Head accelerations during side and rear whiplash-like perturbations - and the effects of auditory startle on the whiplash-like response of human subjects*, University of Guelph.

Jennifer Patricia Wood at the University of Western Ontario for her study *Client-Centred “tune up” Do they enhance physical capacity, mobility function and community reintegration in stroke survivors?*

Craig Jacobs for his study: *Perception of musculoskeletal injury in professional dancers: An international comparison*, Toronto Western Research Institute.

Curtis Hlushak for *The role of cardiovascular fitness in the assessment and management of upper extremity occupational cumulative activity related disorders.*

These awards are made possible through the continued support of The Woodbridge Group and our partnership with Auto21 NCE.

CIRPD & Auto21 Renew Support for Canada Science Fairs – Youth Science Foundation

Four years ago, the Canadian Institute for the Relief of Pain and Disability, AUTO21 and the Yves Landry Foundation established the Automobile Division for the Canada Science Fairs program. The Canada Science Fair is a program established by the Youth Science Foundation which hosts regional and national science fairs cultivating and rewarding Canada's leading young science and technology innovators at the junior (grades 7 & 8), intermediate (grades 9 & 10) and senior (grades 11 & 12) levels. The National Canada Science Fair this past year took place in Ottawa May 10-18, 2008 and welcomed over 450 students and 200 adults from across Canada. There were a total of 42 Automotive Division entries, representing 12% of the total 369 project entries. Overall, the project posters were impressive. Participants were able to submit a single project poster into various award categories in order to position themselves for multiple awards. This year AUTO21 sponsored the participation of its 2006 HQP (Highly Qualified Persons) poster competition winners as judges at the YSF automotive category poster competition. This was a wonderful opportunity for new investigators to gain experience in judging posters and sharing in the excitement of the event. CIRPD was able to extend their support for an additional year thanks to its success in leveraging funds received from The Woodbridge Group.

New Memorandum of Agreement with AUTO21

We were pleased to learn that AUTO21 was successful with its application for continued funding under the Networks of Centres of Excellence program. We have concluded a new Memorandum of Agreement (MOA) with AUTO21. The MOA provides an operational framework which guides students and AUTO21 Principal investigators (PIs) on the trainee application process. We are pleased to continue and expand our relationship with AUTO21. Given the results of the World Congress on Neck Pain, CIRPD is committed to supporting trainees exploring new technologies to mitigate injuries arising from Auto manufacturing and motor vehicle collisions. The best way to deal with neck pain and other injuries is primary prevention.

Health and Work Productivity Web Portal

The goal of the Web Portal is to provide accessible, understandable, credible, and comprehensive resources for information-seeking stakeholders. To do this efficiently and to minimize duplication of services and resource development requires the identification of existing knowledge brokers and data sources, clarification and agreement about evaluative processes, and agreements regarding information sharing.

We are excited about the progress made to date. Much of the work during the past year has been directed to actualizing the road map articulated in the Best Practices Leadership Summit to Prevent Disability. The project will build research capacity by bringing together academics / community-based researchers who will classify the latest systematic reviews using transparent evaluation tools with web portal users. A unique feature of the initiative is to bring together faculties of business with faculties of health and social sciences. In turn, the partnership will interpret and highlight this information to create the most useable information possible for implementation purposes. The project has created working relationships with Health-Evidence.ca, Canadian Cochrane Network and Centre, College of Physicians and Surgeons of British Columbia Medical Library, UBC School of Library, Archival and Information Studies, National Library of Medicine/PubMed (US) and the College of Family Physicians of Canada. The following academic centres have agreed to participate in the portal project: Simon Fraser University's Centre for Applied Research in Mental Health & Addiction, University of Victoria's Faculty of Business, University of British Columbia's School of Nursing & Department of Family Practice; McMaster University's School of Rehabilitation Science, Faculty of Health Science; and, University of Windsor's Odette School of Business.

To facilitate content population of the web portal Doug Salzwedel has been creating highly refined search strategies (using keywords related to identified topics and subtopics) across various databases and indices with an emphasis on systematic reviews and high quality large population randomized controlled trials. Mehmet Vural, our IT specialist, has been creating automated systems to convert data into standardized metadata fields (mapping of various database fields to common taxonomy) to upload data efficiently in a systematic way to avoid possible duplication of resources across different databases. Initial work has focused on the National Library of Medicine's PubMed database, which allows direct web services communication and has yielded promising results.

CIRPD has received strong letters of support for the project. Below are some comments from academic stakeholders:

Simon Fraser University Centre for Applied Research in Mental Health & Addiction is pleased to be an academic collaborative partner in the Health and Work Productivity web portal as an innovative collaborative project bringing together a broad base of stakeholders concerned with creating and sustaining healthy workplaces.

Dr. Joti Samra, R. Psych
Research Scientist

Simon Fraser University Centre for Applied Research in Mental Health & Addiction

UVic Business is delighted to support this innovative project which is not simply a means of dissemination but establishes a collaborative environment to build research capacity within and across academic centres.

Dr. Ali Dastmalchian
Dean
University of Victoria Faculty of Business

The proposed Health and Work Productivity web portal will create important linkages between researchers; such links are vital to knowledge development and translation across

the health disciplines and will contribute to the creation and implementation of best practices for nurses in ensuring safe, healthy and productive work environments.

Carol Jillings PhD, RN
Acting Director
University of British Columbia School of Nursing

The creation of evidence-informed knowledge, tools and resources on best practices in disability prevention and management will be a useful resource for family physicians in training and practice. The Department of Family Practice is pleased to be a founding academic member of CIRPD's Disability Prevention and Management Collaborative and the Health and Work Productivity Web Portal project.

Robert F Woollard, MD, CCFP, FCFP
Royal Canadian Legion Professor and Head
UBC Department of Family Practice

Work is one of three identified priority areas within our training program, reflecting the string commitment to work disability research in our faculty and a strong complement of mentors we have for graduate students...I believe that McMaster is exceptionally well positioned to be a strong academic partner for this project and it's overall mission.

Joy MacDermid, PT, PhD
Associate Professor
School of Rehabilitation Science, Faculty of Health Science, McMaster University

The proposed Health and Work Productivity web portal is an excellent vehicle for cross-disciplinary collaboration between medical and business researchers, students and practitioners. By promoting good workplace health practices the project will increase productivity directly while bringing us further down the learning curve towards even better practices and outcomes.

Allan Conway
Dean
Odette School of Business, University of Windsor

It is essential that current research is made available to health and safety activists in a practical and usable format. The interaction of all users in the translation process moving research into practice provides opportunities for consensus building among all stakeholders.

Sheila Moir
Director of Occupational Health and Safety
BC Federation of Labour

The web portal project is not simply a website; it is a strategic approach to bringing stakeholders together to effectively and efficiently translate current research into best practices.

Gerry Smith, CEBS
Staff Representative, Research and Negotiation Support
United Steelworker

To operationalize the project, the Board has established a Board Liaison Committee to provide oversight and assist with funding proposals to support programming and development costs.

Special BC Activities Report

Thanks to the support of the BC Government's Direct Access Program, CIRPD continues to provide direct services and programming to help people live well day-to-day with injuries, chronic pain and disability. This past year, BC Gaming this provided CIRPD with a special \$40,000 capital grant to support our infrastructural renewal program. With matching funding through net revenue from other CIRPD programs and activities, we are transforming our face to face programming into dynamic web-based activities. The BC Community and Consumer Education program delivers educational programs and services to British Columbians to support evidence-informed decision-making regarding health promotion (primary and secondary prevention) and living well with chronic diseases.

CIRPD programming promotes appropriate self-management, reduction of unnecessary health utilization and re-engagement – transformation from being “disabled” by chronic disease to “living well” with chronic disease. To accomplish this, CIRPD with academic and clinical partners translates research into everyday practice. Education on its own typically does not change behaviour. Education is not simply the provision of new knowledge. Research into behaviour change posits that educational interventions need to provide credible, persuasive information which helps a person consider the benefits of making a change versus the risks of not making the desired change. To change behaviour requires a clear comprehensive diagnosis of factors influencing the “current state of affairs” and factors that could contribute to making the desired change. Factors influencing behaviour include prevailing knowledge, attitudes and beliefs as well as social norms and social systems. The BC Community and Consumer Education program is well-aligned with the BC Government's current focus on health promotion and chronic disease management throughout the province and congruent with goals of facilitating employment and return to function of people with chronic diseases, impairments and disability.

Thanks to the in-kind donation of an audio bridge by Galaxy Multimedia Corporation, CIRPD is now able to offer moderated webcasts with audioconference links to efficiently connect people around the province with leading experts. An example is the Improving Sleep Quality Project.

Sleep Quality Project

A very exciting project we are working on is the transformation of our very successful program on *Tips for Improving the Quality of Sleep*. Previously delivered solely face-to-face, the Sleep Quality program is now being moved to a dynamic web-based platform that will provide comprehensive evidence-informed knowledge, resources and self-management tools to people with sleep challenges – anytime and anywhere.

Sleep is critical to health and work. Dr. Jonathan Fleming, Director of VGH's/UBC's Centre for Complex Sleep Disorders has written extensively on the evidence linking poor sleep quality to mental health issues, particularly depression. Lack of sleep and poor sleep can have significant adverse effects on one's mental and physical health, leading to reduced work productivity, lower quality of life and poorer health outcomes.

We are particularly pleased to announce that Dr. Fleming has agreed to give a presentation on Sleep Quality on at Vancouver General Hospital. The seminar will be held April 1, 2009. CIRPD is working on this initiative with Catherine Kidd, Director of Workplace Health at Vancouver Coastal Health. VCH has generously agreed to provide videoconference facilities at Vancouver General Hospital so that interested employees and patients and members of the general public can participate at additional locations in Richmond and North Vancouver.

In conjunction with the Videoconference seminar, CIRPD is developing a Sleep Health website which will provide links to evidence-informed resources, including backgrounders, sleep diaries and quizzes, sleep tips, question answering services provided by sleep experts, and a web-based support network called Social Networks for Sleep Health.

The seminar will be recorded and also be made available on the new website. We are currently planning post-seminar moderated sessions in which interested consumers and health care employees would be able to view the a recording of the videoconference online and ask questions from the comfort of their own homes and offices anywhere in British Columbia.

BC Consumer Directory

Earlier this year, we launched the first phase of the BC Consumer Programs, Services and Web Resources Directory on our site (available by clicking on “Resources for Consumers” on the left side navigation or directly from www.cirpd.org/v3/cfm/index.cfm?service=directory&page=Index). The Directory provides consumers with a preview of the future of CIRPD programming around the province linking people to resources in their own communities to help them live with chronic conditions.

We are continuing to add content to the Directory, which currently includes hundreds of links to programs, services, support groups and Internet resources on Arthritis, Back Pain, Chronic Pain, Degenerative Disc Disease, Fibromyalgia, Osteoarthritis and Sleep Quality. Information is searchable both by location (B.C. towns and cities) and by condition name. Related conditions are also linked from each main topic page. Additional links have been added directing consumers to credible resources related to disability prevention and management, rehabilitation referral services, and general health websites.

CIRPD Website Reorganization

If you’ve visited the CIRPD website recently, you’ll notice we’ve been reviewing, updating and reorganizing content in a number of areas. In particular, we’ve cleaned up the left side main menu, highlighting resources targeted at Consumers, Clinicians and Researchers. Doug will be continuing to update the site to make it more user-friendly in the weeks to come. If you have suggestions for improving the site for you as members or for our various user groups, please contact Doug at doug.salzwedel@cirpd.org .

Other related BC Projects:

The BC Summit to Prevent Needless Work Disability-- November 25, 2008

An initiative to reduce needless disability in the British Columbia Workforce

The Canadian Institute for the Relief of Pain and Disability joined with Healthcare Benefit Trust, WorkSafeBC and other stakeholders to plan an upcoming workshop with government policy-makers, employers and labour to consider a recent evidence-informed report released by the American College of Occupational and Environmental Medicine (ACOEM) titled, *Preventing Needless Work Disability by Helping People Stay Employed*. This report contains 16 key recommendations to improve process and practice in the disability system in order to prevent needless work disability and associated financial and productivity losses. The **BC Summit to Prevent Workplace Disability Project** will be the first of the 60 Summits to be held in Canada. An enthusiastic BC multi-stakeholder Steering Committee has formed to work with the 60 Summits organization to plan this inaugural Canadian event. The BC Summit will take place in Vancouver on November 25, 2008 and will focus on the prevention of both work related and non-work related disability in the private and public sectors of our province. The purpose of the summit is to create an opportunity for key stakeholders to:

- participate in a needs assessment
- discuss the Guideline’s 16 recommendations;
- identify priorities for change;
- develop concrete action plans to affect those changes; and
- encourage collaborative approaches to put the plans into action.

We are looking forward to an exciting event to plan effective interventions to prevent needless work disability in British Columbia,

**CANADIAN INSTITUTE FOR THE RELIEF OF
PAIN AND DISABILITY**

FINANCIAL STATEMENTS

JUNE 30, 2008

(Unaudited)

REVIEW ENGAGEMENT REPORT

To the Members of the Canadian Institute for the Relief of Pain and Disability:

We have reviewed the statement of financial position of the Canadian Institute for the Relief of Pain and Disability as at June 30, 2008 and the statement of operations, changes in net assets and cash flows for the year then ended. Our review was made in accordance with Canadian generally accepted standards for review engagements and accordingly consisted primarily of enquiry, analytical procedures and discussion related to information supplied to us by the Institute.

A review does not constitute an audit and consequently we do not express an audit opinion on these financial statements.

Based on our review, nothing has come to our attention that causes us to believe that these financial statements are not, in all material respects, in accordance with Canadian generally accepted accounting principles.

The comparative figures were audited by another firm of Chartered Accountants.

Burnaby, B.C.
November 6, 2008


Chartered Accountants

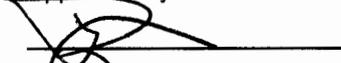
CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

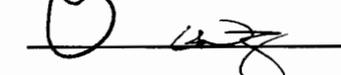
STATEMENT OF FINANCIAL POSITION AS AT JUNE 30, 2008

(Unaudited)

	<u>2008</u>	<u>(Note 10) 2007</u>
ASSETS		
Current Assets		
Cash and short-term investments	\$ 254,835	\$ 202,203
Accounts receivable	-	40,775
Sales taxes recoverable	2,245	4,434
Prepaid expenses	<u>42,363</u>	<u>155,691</u>
	299,443	403,103
Property and Equipment - (Note 4)	<u>14,254</u>	<u>20,137</u>
	<u><u>\$ 313,697</u></u>	<u><u>\$ 423,240</u></u>
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 55,216	\$ 9,702
Accrued interest payable - (Note 5)	6,359	11,206
Wage related payables	3,662	5,225
Deferred contributions - (Note 6)	<u>278,848</u>	<u>434,759</u>
	<u>344,085</u>	<u>460,892</u>
NET ASSETS		
Net Assets		
Unrestricted	(44,642)	(57,789)
Invested in property and equipment	<u>14,254</u>	<u>20,137</u>
	<u>(30,388)</u>	<u>(37,652)</u>
	<u><u>\$ 313,697</u></u>	<u><u>\$ 423,240</u></u>

Approved by the Directors

 Director

 Director

The accompanying notes are an integral part of the financial statements.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED JUNE 30, 2008

(Unaudited)

	<u>2008</u>	<u>(Note 10) 2007</u>
Income - (Note 7)		
Fundraising and grants	\$ 311,875	\$ 247,597
Other income	<u>342,598</u>	<u>167,561</u>
	<u>654,473</u>	<u>415,158</u>
 Expenditures		
Amortization	5,884	5,323
Bank charges and interest - (Note 5)	4,916	1,733
Consulting	129,673	54,726
Delivery	2,936	998
Dues and membership	272	1,696
Gifts and honoraria	1,997	3,959
Insurance	3,867	3,876
Meals and entertainment	2,859	2,596
Office supplies and services	37,259	35,514
Professional fees	5,006	9,757
Rent	17,968	19,117
Symposia	203,029	114,957
Telecommunications	8,681	6,776
Travel	30,465	24,727
Wages and benefits	<u>192,397</u>	<u>133,608</u>
	<u>647,209</u>	<u>419,363</u>
 Excess (deficiency) of income over expenditures for year	 <u>\$ 7,264</u>	 <u>\$ (4,205)</u>

The accompanying notes are an integral part of the financial statements.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2008
(Unaudited)

	<u>Unrestricted</u>	<u>Invested in Property and Equipment</u>	<u>2008 Total</u>	<u>(Note 10) 2007 Total</u>
Balance, beginning of year	\$ (57,790)	\$ 20,138	\$ (37,652)	\$ (33,447)
Excess (deficiency) of income over expenditures	<u>13,148</u>	<u>(5,884)</u>	<u>7,264</u>	<u>(4,205)</u>
Balance, end of year	<u>\$ (44,642)</u>	<u>\$ 14,254</u>	<u>\$ (30,388)</u>	<u>\$ (37,652)</u>

The accompanying notes are an integral part of the financial statements.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2008
(Unaudited)

	<u>2008</u>	<u>(Note 10)</u> <u>2007</u>
Cash provided by operating activities		
Excess (deficiency) of income over expenditures for year	\$ 7,264	\$ (4,205)
Items not involving cash		
Amortization	5,884	5,323
Changes in non-cash operating capital		
Accounts receivable	40,775	(14,227)
Sales taxes recoverable	2,189	318
Prepaid expenses	113,328	(53,963)
Accounts payable and accrued liabilities	45,513	60
Accrued interest payable	(4,847)	635
Wage related payables	(1,563)	(1,175)
Deferred contributions	(155,911)	(188,673)
	<u>52,632</u>	<u>(255,907)</u>
Cash used in investing activities		
Capital asset additions, net	<u>-</u>	<u>(14,122)</u>
Increase (decrease) in cash	52,632	(270,029)
Cash, at beginning of year	<u>202,203</u>	<u>472,232</u>
Cash, at end of year	<u>\$ 254,835</u>	<u>\$ 202,203</u>
Cash is comprised of:		
Cash and short-term investments	<u>\$ 254,835</u>	<u>\$ 202,203</u>
Supplemental cash flow information:		
Income taxes paid	\$ -	\$ -
Interest paid	<u>5,666</u>	<u>-</u>
	<u>\$ 5,666</u>	<u>\$ -</u>

The accompanying notes are an integral part of the financial statements.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008

(Unaudited)

Note 1 Purpose of the Institute

The Canadian Institute for the Relief of Pain and Disability (the "Institute") was incorporated under Part II of the Canada Corporations Act and is a registered charitable organization for income tax purposes. The Institute is committed to the prevention and reduction of pain, pain-related suffering, and disability through the creation and dissemination of evidence-informed best practices.

As a registered not-for-profit organization, the Institute is dependent on various government, foundation, and corporate entities for grants and donations to subsidize operations. The Board of Directors is confident that support from these entities will continue throughout the next fiscal year.

Note 2 Significant Accounting Policies

Revenue Recognition

The Institute follows the deferral method of accounting for contributions. Restricted contributions received, for which expenditures will be made in the future, are initially recorded as deferred contributions and recognized as revenue in the same period as the related expenses. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Income from investments includes interest income earned on cash balances and is recorded as revenue as earned.

Expenses are recorded in the period in which they become an obligation of the Institute. Expenses incurred for Symposiums administered by the Institute (see Note 8) in the fiscal year before the events are held are recorded as prepaid expenses.

Donated Supplies and Services

The Institute benefits from donated supplies and donated services in the form of volunteer time at various functions. Donated supplies are accrued at their fair market value only when a realizable value of the related benefit can be reasonably estimated. Donated services are not recorded in the financial records of the Institute.

Property and Equipment

Property and equipment are recorded at cost. Amortization is provided annually at rates calculated to write off these assets over their estimated useful lives on a declining basis as follows:

Computer equipment	30%	(declining)
Furniture and equipment	20%	(declining)

Impairment of Long-Lived Assets

The Institute reviews the carrying amount of long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable or has been impaired. If an impairment is determined, the assets are written down to their fair value.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008

(Unaudited)

Note 2 Significant Accounting Policies - continued

Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements; and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

Change in Accounting Policies

Financial Instruments

Effective August 1, 2007, the Institute adopted the Canadian Institute of Chartered Accountants' (the "CICA") Handbook Section 3855, Financial Instruments - Recognition and Measurement, and Handbook Section 3861, Financial Instruments - Disclosure and Presentation. These new handbook sections provide comprehensive requirements for the recognition and measurement of financial instruments.

The Institute has designated its cash and short-term investments as held-for-trading, which are measured at fair value, accounts receivable as loans and receivables, which are measured at amortized cost and accounts payable and accrued liabilities as other financial liabilities, which are measured at amortized cost.

The adoption of this accounting standard had no material effect to the current year and prior year financial statements.

Accounting Changes

The Institute adopted The CICA's Handbook Section 1506, Accounting Changes, which describes the criteria for changing accounting policies along with the accounting and disclosure for changes in accounting policies, changes in accounting estimates and corrections of errors. These changes came into effect for years beginning on or after January 1, 2007.

Future Changes in Significant Accounting Policies

The following accounting standards have been issued by The CICA but are not yet effective. The Institute is currently evaluating the effect of adopting these standards on their financial statements.

Handbook Section 1400, General standards of financial statement presentation, which is effective for years beginning on or after January 1, 2008. This section now includes requirements to assess and disclose an entity's ability to continue as a going concern.

Handbook Section 1535, Capital disclosures, which is effective for years beginning on or after October 1, 2007. This section establishes standards for disclosure, both qualitative and quantitative, about the entity's objectives, policies and processes for managing capital.

Handbook Section 3031, Inventories, for years beginning on or after January 1, 2008. This section establishes revised standards for measuring inventory.

Handbook Section 3064, Goodwill and Intangible Assets, for years beginning on or after October 1, 2008. This section replaces Handbook Section 3062 and establishes standards for the recognition, measurement, presentation and disclosure of goodwill and intangible assets.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008

(Unaudited)

Note 2 Significant Accounting Policies - continued

Future Changes in Significant Accounting Policies - continued

Handbook Section 4470, Disclosure of allocated expenses by not-for-profit organizations, for years beginning on or after January 1, 2009. This section establishes disclosure standards for a not-for-profit organization that classifies its expenses by function and allocates its expenses to a number of functions to which the expenses relate.

As announced by the Canadian Accounting Standards Board ("AcSB"), the financial reporting requirements for Canadian Companies will be changed to the use of International Financial Reporting Standards ("IFRS"), replacing Canada's own generally accepted accounting policies for years beginning on or after January 1, 2011. The AcSB has decided that not-for-profit organizations will not be required to implement IFRS and is currently in the process of developing accounting standards that will apply to not-for-profit organizations.

Pending the development of accounting standards that will apply to not-for-profit organizations, the AcSB has currently exempted not-for-profit organizations from adopting Handbook Sections 3862, Financial Instruments - Disclosure, and 3863, Financial Instruments - Presentation. These standards would have revised and enhanced the current disclosure requirements but would not change the existing presentation requirement for financial instruments.

Income and Capital Taxes

As the Institute is a charitable organization registered under the Income Tax Act, it is exempt from income and capital taxes and is able to issue donation receipts for income tax purposes.

Note 3 Endowment Fund - Ian A. Barclay Chronic Pain Fund

The Institute's Chronic Pain Endowment Fund was renamed this year in memory of Ian A. Barclay, a past president of the Institute in recognition for years of service to the charity's mission.

The Vancouver Foundation permanently holds and administers the endowment fund of \$45,000 on behalf of the Institute. This endowment fund is not recorded as an asset of the Institute. Interest earned of \$ 2,041 (2007 - \$ 1,803) on the accumulated capital is recorded as endowment fund income and is available for use by the Institute for general operating purposes.

Note 4 Property and Equipment

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value 2008</u>	<u>Net Book Value 2007</u>
Computer equipment	\$ 37,433	\$ 24,439	\$ 12,994	\$ 18,562
Furniture and equipment	<u>26,076</u>	<u>24,816</u>	<u>1,260</u>	<u>1,575</u>
	<u>\$ 63,509</u>	<u>\$ 49,255</u>	<u>\$ 14,254</u>	<u>\$ 20,137</u>

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008

(Unaudited)

Note 5 Related Party Transaction

The accrued interest payable is owed to the executive director of the Institute. The principal amount giving rise to the accrued interest was repaid in full as of June 30, 2006. Annual interest is accrued on this unpaid interest balance at a rate of six percent. During the year, interest of \$ 756 (2007 - \$ 634) was accrued on the balance owing.

These transactions are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

Note 6 Deferred Contributions

Deferred income represents unspent resources for education and research purposes. These resources will be used in subsequent periods. Direct access funds must be used on direct access programs, while other project grant funds are restricted by the terms and conditions established by grantors related to project deliverables.

	<u>2008</u>	<u>2007</u>
<u>Direct Access</u>		
Funding for direct access programs		
Balance, beginning of year	\$ -	\$ 25,000
Add: amount received during the year	<u>240,000</u>	<u>-</u>
	240,000	25,000
Deduct: amount recognized as revenue in the year	<u>160,000</u>	<u>25,000</u>
Balance, end of year	<u>\$ 80,000</u>	<u>\$ -</u>
 <u>Grants</u>		
Funding for project costs		
Balance, beginning of year	\$ 434,759	\$ 598,432
Add: amount received during the year	<u>208,634</u>	<u>219,134</u>
	643,393	817,566
Deduct: amount recognized as revenue in the year	<u>444,545</u>	<u>382,807</u>
Balance, end of year	<u>\$ 198,848</u>	<u>\$ 434,759</u>
 Total deferred contributions	 <u>\$ 278,848</u>	 <u>\$ 434,759</u>

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008

(Unaudited)

Note 7	Income		2008	2007
			<hr/>	<hr/>
	Fundraising and Grants			
	Direct access	\$ 160,000		\$ 25,000
	Grants	151,875		222,597
			<hr/>	<hr/>
		311,875		247,597
	Other Income			
	Consulting	492		16,674
	Interest income	1,967		6,314
	Memberships and miscellaneous	18,558		5,639
	Symposia	321,581		138,934
			<hr/>	<hr/>
		342,598		167,561
			<hr/>	<hr/>
		\$ 654,473		\$ 415,158

Note 8 **Commitments**

The Institute is on a month to month lease which requires the payment of rent and pro-rata share of common property taxes and operating expenses, monthly payments are \$ 1,260 per month.

The Institute has committed to the administration and operation of a symposium related to preventing needless work disability in November 2008 in Vancouver, British Columbia. Costs of staging the event are budgeted at \$ 40,000; of this budget \$ 4,088 was expended during the 2008 fiscal year and is included as part of prepaid expenses on the statement of financial position. As of the review report date, management is confident that this operating budget will be met.

Note 9 **Financial Instrument Risk**

Credit Risk

Credit risk is the risk that a counterparty will fail to perform its obligations. The Institute does not have significant exposure to any individual or counterparty with respect to accounts receivable.

Foreign Exchange Risk

Foreign exchange risk arises from gains and losses due to fluctuations in foreign currency exchange rates on the Institute's non-Canadian cash and short-term investments. The Institute does not use derivative instruments to reduce its foreign exchange risk.

Interest Rate Risk

Interest rate risk is the risk that the value of a financial instrument will change due to fluctuations in interest rates. The value of fixed income securities will generally rise if interest rates fall and fall if interest rates rise. The Institute does not use derivative instruments to reduce its exposure to interest rate risk. The Institute considers its exposure to interest rate risk to be minimal as its cash and short-term investments are held in chequing, savings and term deposit accounts.

Note 10 **Comparative Figures**

The comparative figures were audited by another firm of Chartered Accountants.