

Canadian Institute for the Relief of Pain and Disability

2009 Annual Report



Canadian Institute for the Relief of Pain and Disability

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Annual General Meeting Agenda
November 20, 2009
2:30 PM – 4:00 PM (including refreshments)

Venue

Hurlburt Auditorium
St. Paul's Hospital
Room 2200 Providence, Level 2
1081 Burrard Street

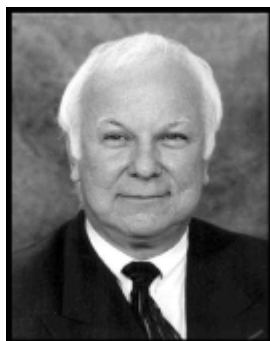
Vancouver, BC

AGM Agenda

1. Welcome
2. Presentation & Discussion: Dr. Ken Craig - Psychosocial Factors in Pain and Disability
(Open to the public)
3. Minutes of Annual General Meeting, November 21, 2008
4. Annual Report
 - President's Report
 - Treasurer's Annual Report
 - Financials
 - Appointment of Auditors
 - Annual Review Financial Statements for the Year Ending June 30, 2008
 - Nominations Committee's Report
 - Executive Director's Report
5. Election of Directors
6. New Business
7. Motion to Adjourn

President's Report

Jack Richman



The Canadian Institute for the Relief of Pain and Disability was founded in September 1985 by Dr. John McMennell and Marc White to foster communication, collaboration and research, across health care disciplines to reduce unnecessary pain and disability arising from common musculoskeletal problems. Under its constitution the board is managed by a volunteer board of directors and must have a majority of its directors being non-health professionals. As a consumer-based organization its mandate is to prevent and reduce pain, pain-related suffering and unnecessary disability.

I joined the organization in 1986 and have participated in its evolution over the past 24 years working as a volunteer in various capacities – most recently as its President and Research Grants and Awards Committee Chair. As we move towards our 25th year of operation I am moved by the many volunteers who have made long-term commitments to the organization contributing time and financial support as well as the many new volunteers who have joined CIRPD.

As a volunteer-based organization our biggest asset is really “you”, our members who assist us with planning, implementing and evaluating our programs and services. This past year we were pleased to have worked in collaboration with the many organization partners who participated in planning the BC Summit to Prevent Needless Work Disability. The enthusiasm arising from the BC Summit has led to the creation of the BC Collaborative for Health, Work Productivity and Disability Prevention.

In 2008, CIRPD's World Congress on Neck Pain highlighted that PREVENTION IS POSSIBLE, concluding that it was possible to reduce the risk of serious neck injuries arising from motor vehicle collisions by 35% if people purchased vehicles with good head restraints and adjusted them appropriately. Over the past year CIRPD has been working with stakeholders across Canada and the US to create effective targeted persuasive educational materials and resources to help consumers and organizations (who purchase, lease and use vehicles) make more evidence-informed decisions and take appropriate preventive action to reduce the risk of needless pain and disability.

We are currently planning our next international conference entitled, *Musculoskeletal Disorders and Chronic Pain: Evidence-based Approaches to Clinical Care, Disability Prevention and Claims Management*. We are pleased to have Dennis C. Turk, Ph.D. and John P. Holland MD, MPH as the conference scientific chairs. Dr. Turk is the John and Emma Bonica Professor of Anaesthesiology and Pain Research at the Department of Anaesthesiology, University of Washington. Dr. Holland is the past president of the American College of Occupational and Environmental Medicine. Please visit our website for more information.

The economic downturn has had a major impact on non-profit organizations, especially at a time when these very organizations are called upon to help those in distress. Many granting agencies and corporate sponsors have had a very rough year with foundations facing major reductions in their endowment income. CIRPD has managed to-date to weather the storm thanks to ongoing support from The Woodbridge Group, Province of British Columbia, and the many supporters of CIRPD programs and services. Your continued financial support for CIRPD and other charitable organizations is greatly appreciated. Please visit our website or contact the office if you are able to make a donation.

This coming year we will launch the first phase of the Health and Work Productivity Web-Portal after many years of planning.

I would like to thank the contribution of our outgoing board members John Beckett, Angela Downey, Renee Louise Franche, Gerry Smith, Margaret Tebbutt and Elbert Wong who have provided strategic guidance and oversight, as well as CIRPD staff and office volunteers under the leadership of Dr. Marc White.

Financial Report

Doug Querns, CGA, MBA, (CIRPD Bookkeeper)

As the financial world tumbled around us, CIRPD was able to remain solvent and continue with its programs and services. This past year CIRPD was pleased to receive an increase in support from the Province of British Columbia and a commitment of three years funding support for its BC programs and services. The Woodbridge Group continued their philanthropic support which allowed CIRPD to maintain its grants and awards program in partnership with the Canadian Institutes for Health Research and Auto21, Network Centres of Excellence as well as support for continued development work on the Health and Work Productivity Web-Portal. CIRPD also received some financial revenue on a cost recovery basis to cover administrative staff for managing the BC Summit to Prevent Needless Work Disability.

Noted in the annual review conducted by Marsh & Marsh, the Hyatt Regency Century Plaza has generously forgiven the amount of \$54,720 USD which was a debt following the World Congress on Neck Pain due to room attrition. As this occurred in October 2009 after our fiscal year this will be reflected in next year's Annual Financial Review.

CIRPD will need to expand its membership and donation base following the launch of the Health and Work Productivity Web-Portal.

Nomination Committee Report

Bill Dyer (Board Secretary and Chair of the Nominations Committee)



We would like to thank the contribution of the following outgoing board members: John Beckett, Angela Downey, Renee Louise Franche, Gerry Smith, Margaret Tebbutt and Elbert Wong. Their voluntary activities have been of great benefit to CIRPD, and we look forward to a continuing relationship with them in their other capacities. The following board members have agreed to stand for re-election: Jack Richman, Bill Dyer, Adrienne Hook, Stan Jung, Mieke Koehoorn, Scott Murtha, Ken Craig, Glen Hope, Doug Kube, Sheila Moir, and Cathy Rambarran.

We have received the following nominations for the coming year's board:

Lisa McGuire, CRSP, Executive Director, BC Food Processors Health & Safety Council

Lisa is the Executive Director of the BC Food Processors Health & Safety Council. Her primary responsibility is to carry out the strategic plans and policies established by the BCFPHSC Board. The BCFPHSC is a not-for-profit organization serving over 1100 food, beverage and nutraceutical processors in British Columbia. The BCFPHSC mission is "to foster commitment among employers to reduce the injury rate in all subsectors of the food industry". In order to achieve this goal, the BCFPHSC works closely with industry and other associations on developing best practices; offers courses such as leadership training for supervisors; provides resources such as the online 'Source for Occupational Safety'; one-on-one consultation and innovative programs such as the SYNERGY safety network.

Lisa was one of the founders of the BC Food Processors Association, an organization set up by HR and safety professionals. Lisa served as a Director on the BCFPA Board and was the first Chair of the BCFPA Safety Committee. The accomplishments achieved by this committee include designing an industry 'Return to Work' form, producing an award winning training DVD and obtaining industry support for the establishment of a Safety Council for the Food Processing Industry. Lisa's educational background includes a diverse Agricultural Science education through the University of Saskatchewan. She achieved her Occupational Health & Safety certification through the BC Institute of Technology and received her External Safety Auditor's certification through the Alberta Association for Safety Partnerships. Lisa obtained her professional safety designation (CRSP) through the Board of Canadian Registered Safety Professionals in 2004.

Stephen Torrence, Chief Executive Officer, Construction Safety Network

Stephen Torrence is the Chief Executive Officer of the Construction Safety Network. He has been with them since its inception in 2001. The CSN is a not-for-profit workplace safety organization serving the entire construction industry in BC. The CSN's focus is on both injury prevention and injury management.

Trained in Art Education at the University of BC, Stephen has more than 35 years of experience in both the public and private sector. He has been an adult educator, program manager, management consultant, political lobbyist and public speaker. He's a member of the Canadian Society of Association Executives and the Canadian Society of Safety Engineers. When not working for a safer construction workplace, Stephen has another passion, the pursuit of good community theater. Along with his wife, he's a partner in GetReal Theatre Company and an award winning director.

Sylvie Gelinas, BSc MA, Human Resources Advisor & Disability Management Lead, Terasen Gas

As the Human Resources Advisor for the Distribution group at Terasen Gas, Sylvie provides a range of integrated Human Resources consulting services to support individual, team and organizational performance. She also provides advice on employee relations, staffing, performance and attendance management, career and succession planning, Collective Agreement interpretation and application, grievance handling and/or any Human Resources policies. As the Disability Management Team Lead, she is also responsible for the Disability Claims Management group which is responsible for overseeing the coordination of employee medical absences from the onset of illness or injury to the return to full-time work. It enables Terasen to assume responsibility as coordinators of early intervention and services and encourages timely return to employability.

Sylvie's educational background lies in Disability Management. Her major project, "The Private Health Care Option in Disability Management" examines whether financing private surgery is a viable option in disability management by analyzing some of the associated benefits and risks.

Executive Directors Report



BC Summit to Prevent Needless Work Disability

CIRPD was pleased to be the administrative lead for the *BC Summit to Prevent Needless Work Disability* held November 25, 2008 at Simon Fraser University's Morris J Wosk Centre for Dialogue. The American College of Occupational and Environmental Medicine (ACOEM) published guidance statements on best practices in Stay-at-Work (SAW) /Return-to-Work (RTW) in a paper entitled, [Preventing Needless Work Disability and Helping People Stay Employed](#).

The objectives for the meeting were to engage key stakeholders including government leaders, union representatives, primary care physicians, executives from private and public sector firms, insurers, and professionals in the field of human resources, disability management and rehabilitation, and occupational health in a systematic process to (i) participate in a needs assessment to determine disability prevention and management priorities in British Columbia, (ii) review and discuss the implications of the 16 disability prevention recommendations arising from the American College of Occupational and Environmental Medicine guidance statement, (iii) identify priorities and strategies for achieving widespread improvements in disability prevention and management practices in BC, (iv) develop concrete action plans for change in BC, and (v) form action committees to carry out summit plans

The Summit organizers included representatives from the Healthcare Benefit Trust, the Occupational Health and Safety Agency for Healthcare in BC, the Workers' Compensation Board of BC, the Great-West Life Assurance Company, Manulife Financial, Pacific Blue-Cross, other private disability insurers in the province, and the Canadian Institute for the Relief of Pain and Disability.

In total 116 key stakeholders participated in the Summit activities which were enthusiastically well received. Based on results from the online questionnaires, the participant's evaluation forms and participant's written personal commitments all of the ACOEM recommendations were perceived as relevant in BC. Eighty three percent (97 out of 116 attendees) indicated they wanted to remain engaged in future activities to facilitate best practices in disability prevention in BC.

Some of the tangible benefits of the BC Summit are:

- The creation of the BC Collaborative for Health, Productivity and Disability Prevention which will carry on the work begun during the Summit.
- A set of preliminary ideas and plans produced by the multi-stakeholder workgroups regarding action steps to facilitate best practices in disability prevention in BC.
- Identification of a larger community of potential future collaborators.
- A set of personal commitments made by each participant

Of attendees who returned evaluations 80 - 95% indicated:

- the workshop was a good use of their time and effort
- that the meeting impacted their prior beliefs, knowledge, and attitudes
- they have a list of practical steps they can take to improve their participation in the SAW/ RTW process
- that having met the other attendees will help them in the future.

More than 83% of the 116 attendees expressed a desire to remain engaged with the initiative in some way – either electronically or through future meetings.

BC Collaborative for Health, Productivity and Disability Prevention

Following the BC Summit, participants were invited to a follow-up meeting to discuss the establishment of the BC Collaborative for Health, Productivity and Disability Prevention. To-date there are currently six task groups: Research & Evaluation (Co-Chairs: Renée-Louise Franche, Marc White), Education / Knowledge Exchange (Co-Chairs: Celina Dunn, Stephen Symon), Organization-Level and System-Level Change (Chair: Lucette Wesley), Government Policy and Partnership (Co-Chairs: William Lakey, Ken Strobl), Social Marketing (Chair: Cathy Rambarran, Jason Parker), Mental Health and Addiction (Co-Chairs: Larry Myette, Michael Carr). The working objectives are to: (i) support ongoing stakeholder dialogue & action, (ii) facilitate implementation of evidence-based best practices for disability prevention, (iii) contribute to disability prevention policy and standards of practice in BC, (iv) conduct research and knowledge exchange on disability prevention best practices, and (v) increase employability and productivity in BC.

World Congress on Neck Pain – Post Congress Dissemination Activities

This past year CIRPD was actively involved with dissemination activities arising from the World Congress on Neck Pain. The following are some highlights of this ongoing work.

Publications arising from the World Congress on Neck Pain

Traffic Injury Prevention

The following papers were published in December 2008 in the journal ***Traffic Injury Prevention*** from the World Congress:

- *Seat Design Principles to Reduce Neck Injuries in Rear Impacts*, David C. Viano;
- *Relationship of Dynamic Seat Ratings to Real-World Neck Injury Rates* Charles M. Farmer; David S. Zuby; Joann K. Wells; Laurie A. Hellinga;
- *Research Study on Neck Injury Lessening with Active Head Restraint Using Human Body FE Model* Yuichi Kitagawa; Tsuyoshi Yasuki; Junji Hasegawa,
- *Energy-Absorbing Car Seat Designs for Reducing Whiplash* S. Himmetoglu; M. Acar; K. Bouazza-Marouf; A. J. Taylor;
- *Dynamic Responses of Female and Male Volunteers in Rear Impacts* Astrid Linder; Anna Carlsson; Mats Y. Svensson; Gunter P. Siegmund;
- *WHIPS (Volvo Cars' Whiplash Protection System)—The Development and Real-World Performance* Lotta Jakobsson; Irene Isaksson-hellman; Magdalena Lindman;
- *Biomechanics of Cervical Facet Dislocation* Paul C. Ivancic; Adam M. Pearson; Yasuhiro Tominaga; Andrew K. Simpson; James J. Yue; Manohar M. Panjabi.

Journal of Occupational and Environmental Medicine

- The Journal of Occupational and Environmental Medicine (JOEM) will be publishing selected peer-reviewed papers arising from the World Congress on Neck Pain.

Book: Head Restraints and Whiplash: The Past, Present and Future

We are very excited about the soon to be released publication of new textbook entitled, *Head Restraints and Whiplash: The Past, Present and Future* published by Nova Science Publishers, Inc.

CIRPD joined with members of the BC Injury Prevention Research Centre in preparation of the manuscript. The follow excerpt from the introduction provides a summary of the book's content:

In 2008, the World Congress on Neck Pain highlighted that PREVENTION IS POSSIBLE, concluding that it was possible to reduce the risk of serious neck injuries arising from motor vehicle collisions by 35% if people purchased vehicles with good head restraints and adjusted them appropriately. This book provides: 1) a review of the history, evolution, and scientific literature surrounding head restraints and whiplash-related injury; 2) the risk factors, and prevalence of inappropriate use of head restraints 3) the need to educate drivers, occupants, fleet owners, and policy-makers concerning the importance of head restraints that have obtained a rating of "good" or higher and the efficacy of the proper adjustment of head restraints for prevention of serious neck injuries; 4) new strategies addressing the three E's of injury prevention including education, engineering, and enforcement, with a particular focus on social marketing and occupational health strategies that increase proper head restraint adjustment for preventing whiplash-related injuries and associated impairments and disability. Gaps in the literature and future directions surrounding the prevention of neck injury and whiplash are also provided. The ultimate objective for this book is to increase the awareness of the importance of the use and the proper adjustment of highly rated head restraints according to scientific evidence, highlight the benefits of various prevention strategies and discuss future directions in neck injury and whiplash prevention.

Reducing Occupant Injury in Rear Impacts – Project Funded by Auto21

CIRPD was a co-applicant on a successful application to Auto21 Network Centres of Excellence to create and implement a roadmap to reduce unnecessary pain and disability arising from rear-end, motor vehicle collisions. The project team members are: Douglas Romilly PEng (UBC Dept of Mechanical Engineering), Ediriweera Desapriya PhD (UBC Dept of Pediatrics, Faculty of Medicine & BC Injury Research & Prevention Unit) Marc White (CIRPD & UBC Department of Family Practice), Gunter Siegmund (MEA Forensic), Anne Snowdon (University of Windsor), Jean-Sébastien Blouin (UBC Human Kinetics) and Peter Lawrence (UBC Department of Electrical & Computer Engineering).

Contributing factors to the risk of whiplash-type injuries include: 1) the crashworthiness performance offered by the vehicle and its seating/safety system, 2) the ability of the seating/safety system to properly adjust to the occupant's characteristics (e.g. size, gender, etc.) and 3) whether the occupant and seating/safety system are properly positioned or activated at the time of the collision. Currently, improved seat and head restraint design technology in some vehicles offers greater protection to mitigate whiplash, however due to a lack of knowledge and/or a lack of proper adjustment by the occupant, the effectiveness of these design improvements to reduce the overall societal cost of whiplash injuries can be limited.

This research project addresses these issues using an integrated, multi-layered approach designed to provide both short and longer-term gains. These layers include: 1) developing new strategies to better implement existing knowledge into practice, and 2) developing new knowledge and technology to both a) remove the role of the operator from the safety system and b) to enhance occupant protection through the design of future vehicle/occupant integrated active whiplash mitigation systems.

The Woodbridge Grants and Awards Program – CIRPD, Auto21 & CIHR

The Woodbridge Group last year renewed their support for CIRPD's Woodbridge Grants and Awards Program for two years at \$80,000 per annum. This is an exceptional contribution especially considering the current downturn in the auto-industry.

- **Training Grants and Awards** Research Focus: Health Safety and Injury Prevention – Auto-Manufacturing / Motor Vehicle Collisions (\$100,000 over two years);
- **Knowledge Translation and Exchange** (i) HealthandWorkProductivity.org (\$30,000); (ii) World Congress on Neck Pain and Post-Congress Dissemination (\$25,000); (iii) Maintenance of Grants and Awards Database (\$5,000). Included in the project breakdown is the recognition that CIRPD administration and overhead costs are being factored as 12% per year on a project prorated basis. Based on funding remaining from prior contract, CIRPD renewed its commitment to the Canada Science Fairs program.

Current Award Winners

- **Doctoral Research Award**

Diana Elisa De Carvalho - *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*, University of Waterloo

Mylene Hazel - *Neuropsychologique factors involved in a driving safely: a simulation study in individuals suffering from cognitive deficits*, Faculty of Arts and Sciences, University of Montreal.

- **Masters Training Award**

Craig Jacobs - *Perception of musculoskeletal injury in professional dancers: An international comparison*, Toronto Western Research Institute (supervisor JD Cassidy).

Curtis Hlushak - *The role of cardiovascular fitness in the assessment and management of upper extremity occupational cumulative activity related disorders* at the University of Alberta (An interesting note is that the supervisor for Curtis Hlushka is a former doctoral student winner of CIRPD's training program awards, Dr. Doug Gross, Assistant Professor in Rehabilitation at University of Alberta)

Jennifer Wood - *Client-centred "tune-ups" Do they enhance physical capacity, mobility function and community reintegration in stroke survivors?*, Queen's University.

Natalie Sacher - *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 (supervisor JP Dickey).

- **Canada Science Fair 2009**

Gold Medal Winners

Senior	Sébastien Chénier	Le moteur de Dame Nature	QC
Intermediate	Shelby Wallace	Hands on the Wheel	ON
Intermediate	Aaliya Waja	Hands on the Wheel	ON
Junior	David Lister	Electricity From The Waste Heat of An Engine	YT

Silver Medal Winners

Senior	Adam Bennett	Using Genetic Algorithms to Solve the Traveling Salesman Problem	ON
Senior	Roopa Suppiah	Closing-in on Fuel Cells	ON
Intermediate	Stephanie Chan	Power Your Car - From Your Dinner Table	ON
Intermediate	Brian Larson	SafeD Pet Solutions	AB
Junior	Claire Longcroft	Driven to Distraction: The Effect of Talking and Texting	BC
Junior	Jenna Schlorff	Crushed!	ON

Bronze Medal Winners

Senior	Shannon Hughes	The Bottom of the Barrel: The Stiffer Paradigm	ON
Senior	Gary Kurek	Multi-Functional Mobility Aids: Improving Mobility, Autonomy and Efficiency	AB
Intermediate	Kirstan Cruse	Solar Separation: The Production of Eco-Friendly Fuel	BC
Intermediate	Lindsay Dimler	Solar Separation: The Production of Eco-Friendly Fuel	BC
Intermediate	Samuel Lemieux	Moteur électrique éolien	ON
Intermediate	Christopher Allen	Moteur électrique éolien	ON
Intermediate	Timothy Carlielle	Annular Wings vs Straight Wings	AB
Junior	Nick Hayden	Max Downforce	AB
Junior	Cameron Hayley	Aerodynamics of Transport Trucks	YT
Junior	Danielle Shwed	Eye Spy Too: Exploring Peripheral Vision	ON

Health and Work Productivity Web-portal

Numerous rigorous scientific studies have shown that workplace absences, injuries and associated disabilities are often preventable. Prevention requires collaborative action by many stakeholders who play different roles within the worksite and the broader social milieu. These stakeholders include government policy makers, insurers, unions, health professionals and business and health professional educators. All of these stakeholders have a common desire to prevent disability and recognize the importance of work productivity. There is also strong interest for collective action related to growing concerns about work absenteeism, presenteeism (at work but not productive), the rising prevalence of chronic disease in the population, and low work productivity across public and private sectors.

The goal of the Health and Work Productivity Web-Portal (HWP) is to provide easily accessible, understandable, credible resources directing stakeholders to resources being sought. The HWP consists of an intranet site, an extranet site and public website, using Microsoft SharePoint Portal 2007 (which is the fastest growing collaborative platform in business). The intranet site is the production area where academic and community partners representing different targeted audiences can efficiently and systematically participate in the identification, evaluation (academics rating scientific merit, community partners rating relevance and pragmatic value) and translation of research evidence, tools and other resources. The extranet site is a professional collaborative environment for “subscribers and partners” to actively engage with the knowledge, tools and resources including topic-based discussion forums. The public website provides open access to resources for both workers and the general public.

The HWP technology development team has created automated and manual data linkages with public database providers (e.g. the National Library of Medicine using evidence-based filters) and other credible knowledge brokers (i.e. Health-Evidence.ca) to pull content into the HWP production environment. Using a series of workflows and social media technologies (blogs, wikis, twitter) academic and community stakeholders participate in the review and translation across different domains of judgment (scientific merit, relevance, perceived value, usability). When warranted (highly rated) academic and community stakeholders participate in the creation of audience-specific key messages in collaboration with community partner reviewers. Using push and pull web technologies, key messages are pushed out to targeted community partners through their communication networks, in addition to the deployment of marketing tools, e-bulletins, Twitter networks, and Facebook to pull target audiences to the HWP.

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, PubMed-National Library of Medicine (US) and the College of Family Physicians of Canada. To facilitate population of the web-portal production area will first entail the creation of highly refined search strategies (using keywords related to identified topics and subtopics) across various databases/indices with an emphasis on systematic reviews and high quality large population randomized controlled trials. Secondly, data retrieved needs to be converted into standardized metadata fields (mapping of various database fields to common taxonomy) and the development of efficient mechanism to upload data efficiently in a systematic way to avoid possible duplication of resources across different databases.

The past year has been focused on the creation of technical specifications for the project in preparation for the first build of the web-portal infrastructure, solicitation of potential contractors, preparation of the Request for Proposals and tendering process. An application has also been made to the Canadian Institutes for Health Research (CIHR) to support the creation of an evaluation matrix for the project.

We would like to thank the following researchers who have participated in the preparation of the CIHR application: Janusz Kaczorowski (Research Director at UBC Department of Family Practice), Kenneth Craig (Professor Emeritus of Psychology at UBC), Maureen Dobbins (Associate Professor, Nursing, McMaster University), Angela Downey (UVic Faculty of Business), Rick Iverson (Professor of Human Resource Management, Faculty of Business Administration, Simon Fraser University), Helen Kelley (Associate Professor of Information System, University of Lethbridge), Linda Li (Assistant Professor, UBC Department of Physical Therapy), Joy MacDermid (Associate Professor, Rehabilitation Sciences, McMaster University), Anne Snowdon (Associate Professor, Odette School of Business, University of Windsor), and Shannon Wagner (Associate Professor of Health Sciences, University of Northern British Columbia). Project Collaborators are: John Beckett (Vice President, BC Maritime Employers Association), Douglas Kube (Director, Occupational Health Services at Air Canada), Lisa McGuire (Executive Director, BC Food Processors Health & Safety Council), Gerry Smith (Staff Representative, United Steelworkers), Sheila Moir (Director, Occupational Health and Safety, BC Federation of Labour), Adrienne Hook (Director of Collaborative Relations, Health Employees Association of British Columbia), Cathy Rambarran (Disability Management Consultant, Manulife Financial), Doug Alley (Vice President, Human Resources, Business Council of British Columbia), Allon Reddoch (Medical Director, Yukon Workers' Compensation Health and Safety Board), and William Lakey (Medical Director, Workplace Health and Safety, BC Public Service Agency).

Primary Care Centre for Research Excellence

Dr. White's research activities at the Department of Family Practice at UBC are focused on primary care renewal, knowledge translation and disability prevention. Dr. White in collaboration with Dr. Janusz were successful with their grant application to study the feasibility of establishing a primary care centre for research excellence. This research centre or network could facilitate the creation of new curricular resources on disability prevention across the continuum of health professionals and business education. A problem in the past around disability prevention and management courses is they tend to only last as long as there is a champion on the topic and the ability for the champion to add a new course or program. This approach has typically failed to create enduring curricular change. We are currently exploring the idea of embedding disability prevention/management as part of the core curricular development process using the Royal College of Physician's CanMEDS Competency Framework program <http://rcpsc.medical.org/canmeds/index.php>.

BC Consumer Directory

Doug Salzwedel has ramped up the process of identifying, appraising and organizing evidence-informed information resources for the Web Portal. We have launched 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). We are continuing to add content to the Directory, which contains links to services and resources on a variety of health conditions.

CIRPD Explores Social Media

Beginning in May of this year, CIRPD began using popular social media sites to disperse evidence-based health and safety information to the public. We are now using Twitter, Facebook and LinkedIn on a regular basis with the aim of engaging the public and health professionals on important research around healthy living, safety and chronic pain. Our goal is to begin to build a base of people who will be interested in utilizing the Web Portal and who have come to recognize us as a credible source for health information. As we are exploring social media, we are also beginning to form ideas of how we can use social media within the portal to build a stronger community around pain and disability prevention. You can find us on Facebook, Twitter and LinkedIn by simply searching for CIRPD on each of the sites! We look forward to connecting with you there and beginning to build a community.

Sleep Quality Pilot Project

We have been working with Dr. Jonathan Fleming of UBC’s Centre for Complex Sleep Disorders on developing comprehensive resources for improving the quality of sleep which will be relevant across different stakeholders. This builds on our prior relationship with Dr. Fleming, who previously presented a series of seminars on evidence-based tips for improving the quality of sleep at St. Paul’s Hospital, South Fraser and community-centres. We are using this initiative as a demonstration project and have received strong interest in this topic as it is relevant to employers, workers, health authorities, and hospitals (patients and employees).

Office Equipment/ Service Providers / Insurance

Thanks to Galaxy Multimedia Inc. and Mosquito Hawk Studios Ltd., CIRPD has further reduced its telecommunication expenses. Mosquito Hawk Studios Ltd has provided CIRPD with web-hosting and Galaxy Multimedia Inc. has provided us with VOIP services and DSL connection. Galaxy Multimedia Inc. has also provided CIRPD with our teleconference audiobridge at no cost to CIRPD.

CIRPD’s insurance broker sought new bids on our office comprehensive insurance and our Directors and Officers Liability Insurance. We were pleasantly surprised that the office insurance package through a new provider “ING” reduced our office policy by \$600 per year providing CIRPD with better coverage. Our Directors and Officers Liability Insurance remains highly competitive and is based on a three year subscription.

In summary, during the past year CIRPD managed to maintain and further develop its range of programs and services. Our 25th year will mark the launch of a new technological platform to support program innovation creating efficiencies in the delivery of CIRPD programs and services.

**CANADIAN INSTITUTE FOR THE RELIEF OF
PAIN AND DISABILITY
FINANCIAL STATEMENTS
JUNE 30, 2009
(Unaudited)**

REVIEW ENGAGEMENT REPORT

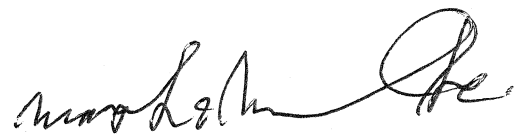
To the Members of the Canadian Institute for the Relief of Pain and Disability:

We have reviewed the statement of financial position of the Canadian Institute for the Relief of Pain and Disability as at June 30, 2009 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.

Burnaby, B.C.
November 4, 2009



Chartered Accountants

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

STATEMENT OF FINANCIAL POSITION AS AT JUNE 30, 2009

(Unaudited)

	<u>2009</u>	<u>2008</u>
ASSETS		
Current Assets		
Cash and short-term investments	\$ 81,991	\$ 137,311
Cash held in trust	57,458	-
Restricted cash - gaming account	175,605	117,524
Accounts receivable	21,166	-
Sales taxes recoverable	1,250	2,245
Prepaid expenses	<u>2,003</u>	<u>42,363</u>
	339,473	299,443
Property and Equipment - (Note 4)	<u>18,897</u>	<u>14,254</u>
	<u><u>\$ 358,370</u></u>	<u><u>\$ 313,697</u></u>
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 55,327	\$ 55,216
Accrued interest payable - (Note 5)	6,740	6,359
Wage related payables	3,971	3,662
Deferred contributions - (Note 6)	<u>341,901</u>	<u>278,848</u>
	<u>407,939</u>	<u>344,085</u>
NET ASSETS		
Net Assets		
Unrestricted	(68,466)	(44,642)
Invested in property and equipment	<u>18,897</u>	<u>14,254</u>
	<u>(49,569)</u>	<u>(30,388)</u>
	<u><u>\$ 358,370</u></u>	<u><u>\$ 313,697</u></u>

Commitments - (Note 8)

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, 2009

(Unaudited)

	<u>2009</u>	<u>2008</u>
Income - (Note 7)		
Fundraising and grants	\$ 238,643	\$ 311,875
Other income	<u>81,959</u>	<u>342,598</u>
	<u>320,602</u>	<u>654,473</u>
 Expenditures		
Amortization	5,391	5,884
Bank charges and interest - (Note 5)	1,628	4,916
Consulting	108,647	129,673
Delivery	692	2,936
Dues and membership	1,169	272
Gifts and honoraria	-	1,997
Insurance	2,828	3,867
Meals and entertainment	2,159	2,859
Office supplies and services	58,825	37,259
Professional fees	3,169	5,006
Rent	13,547	17,968
Symposia	17,638	203,029
Telecommunications	5,113	8,681
Travel	1,569	30,465
Wages and benefits	<u>117,408</u>	<u>192,397</u>
	<u>339,783</u>	<u>647,209</u>
 Excess (deficiency) of income over expenditures for year	 <u><u>\$ (19,181)</u></u>	 <u><u>\$ 7,264</u></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, 2009
(Unaudited)

	<u>Unrestricted</u>	<u>Invested in Property and Equipment</u>	<u>2009 Total</u>	<u>2008 Total</u>
Balance, beginning of year	\$ (44,642)	\$ 14,254	\$ (30,388)	\$ (37,652)
Excess (deficiency) of income over expenditures	(13,790)	(5,391)	(19,181)	7,264
Interfund transfer - purchase of property and equipment	<u>(10,034)</u>	<u>10,034</u>	<u>-</u>	<u>-</u>
Balance, end of year	<u><u>\$ (68,466)</u></u>	<u><u>\$ 18,897</u></u>	<u><u>\$ (49,569)</u></u>	<u><u>\$ (30,388)</u></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, 2009
(Unaudited)

	<u>2009</u>	<u>2008</u>
Cash provided by operating activities		
Excess (deficiency) of income over expenditures for year	\$ (19,181)	\$ 7,264
Items not involving cash		
Amortization	5,391	5,884
Changes in non-cash operating capital		
Accounts receivable	(21,166)	40,775
Sales taxes recoverable	995	2,189
Prepaid expenses	40,361	113,328
Accounts payable and accrued liabilities	110	45,513
Accrued interest payable	382	(4,847)
Wage related payables	308	(1,563)
Deferred contributions	63,053	(155,911)
	<u>70,253</u>	<u>52,632</u>
Cash used in investing activities		
Property and equipment additions, net	<u>(10,034)</u>	<u>-</u>
Increase in cash	60,219	52,632
Cash, at beginning of year	<u>254,835</u>	<u>202,203</u>
Cash, at end of year	<u><u>\$ 315,054</u></u>	<u><u>\$ 254,835</u></u>
Cash is comprised of:		
Cash and short-term investments	\$ 81,991	\$ 137,311
Cash held in trust	57,458	-
Restricted cash - gaming account	175,605	117,524
	<u><u>\$ 315,054</u></u>	<u><u>\$ 254,835</u></u>
Supplemental cash flow information:		
Income taxes paid	\$ -	\$ -
Interest paid	<u>-</u>	<u>5,666</u>
	<u><u>\$ -</u></u>	<u><u>\$ 5,666</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, 2009

(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

Cash and Cash Equivalents

Cash and cash equivalents are made mostly of unrestricted cash and short-term investments with an initial maturity of three months or less at the date of acquisition.

Restricted cash - gaming represents cash from the British Columbia Government's Direct Access Program. These funds may only be spent to cover eligible costs as described in Note 6.

Cash held in trust represents cash being held for the Institutes benefit by another party until the Institute requires the cash to fund health, safety and injury prevention research for which the funding was provided.

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.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2009

(Unaudited)

Note 2

Significant Accounting Policies - continued

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.

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.

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.

Changes in Significant Accounting Policies

Capital Disclosures

On July 1, 2008, the Institute adopted the CICA's Handbook Section 1535, Capital Disclosures, which establishes standards for disclosure, both qualitative and quantitative, about an entity's objectives, policies and processes for managing capital.

General Standards of Financial Statement Presentation

On July 1, 2008, the Institute adopted the CICA's Handbook Section 1400, General Standards of Financial Statement Presentation, which establishes standards for the assessment and disclosure of an entity's ability to continue as a going concern over a period which is at least, but is not limited to, twelve months from the statement of financial position date.

The adoption of these accounting standards had no material effect to the current year and prior year financial statements as the new accounting standards only address disclosures and had no impact on the Institute's financial position or net earnings.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2009

(Unaudited)

Note 2 Significant Accounting Policies - continued

Future Changes in Significant Accounting Policies

The following accounting standards have been issued by the CICA but are not yet effective.

Financial Statement Presentation by Not-For-Profit Organizations

Handbook Section 4400, Financial Statement Presentation by Not-For-Profit Organizations, effective for years beginning on or after January 1, 2009. This section has been amended to eliminate the requirement to treat net assets invested in capital assets as a separate component of net assets and to clarify that revenue and expenses must be recognized and presented on a gross basis when the entity is acting as a principal in the transaction. The Institute will implement the new standard on July 1, 2009. The Institute is currently of the opinion that the new standard will not impact its financial position or net earnings.

Disclosure of Allocated Expenses by Not-For-Profit Organizations

Handbook Section 4470, Disclosure of Allocated Expenses by Not-For-Profit Organizations, effective 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. The Institute will implement the new standard on July 1, 2009. The Institute is currently in the process of determining whether the new standard will impact its financial position or net earnings.

Financial Instruments - Disclosure and Presentation

CICA's Handbook Sections 3862 and 3863, Financial Instruments - Disclosure and Presentation, which establishes standards for disclosure requirements and carries forward, unchanged, the current presentation requirements. These new sections place an increased emphasis on disclosures about the nature and extent of risks arising from financial instruments and how the entity manages those risks. The Institute, as a Not-For-Profit Organization, may choose not to apply these new standards. The Institute has currently decided not to apply these new standards and will continue to follow the guidance of Handbook Section 3861, Financial Instruments - Disclosure and Presentation, instead.

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 \$2,540 (2008 - \$2,041) on the accumulated capital is recorded as endowment fund income and is available for use by the Institute for general operating purposes.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2009

(Unaudited)

Note 4 Property and Equipment

	Cost	Accumulated Amortization	Net Book Value 2009	Net Book Value 2008
Computer equipment	\$ 42,186	\$ 29,050	\$ 13,136	\$ 12,994
Furniture and equipment	31,357	25,596	5,761	1,260
	<u>\$ 73,543</u>	<u>\$ 54,646</u>	<u>\$ 18,897</u>	<u>\$ 14,254</u>

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 \$ 381 (2008 - \$ 756) 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 grants must be used to cover eligible costs essential for the direct delivery of an approved program within the community. All other project grant funds are restricted by the terms and conditions established by grantors related to project deliverables. Symposia contributions are deferred until the event is held.

Deferred Contributions Table

	2008 Deferred	Received	Earned	2009 Deferred
Direct access grants	\$ 80,000	\$ 200,000	\$ 121,066	\$ 158,934
Project grants	188,848	107,523	117,577	178,794
Symposia and conferences	10,000	60,700	66,527	4,173
	<u>\$ 278,848</u>	<u>\$ 368,223</u>	<u>\$ 305,170</u>	<u>\$ 341,901</u>

	2007 Deferred	Received	Earned	2008 Deferred
Direct access grants	\$ -	\$ 240,000	\$ 160,000	\$ 80,000
Project grants	259,544	81,179	151,875	188,848
Symposia and conferences	175,215	156,366	321,581	10,000
	<u>\$ 434,759</u>	<u>\$ 477,545</u>	<u>\$ 633,456</u>	<u>\$ 278,848</u>

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2009

(Unaudited)

Note 7

Income

	2009	2008
Fundraising and Grants		
Direct access	\$ 121,066	\$ 160,000
Grants	117,577	151,875
	<u>238,643</u>	<u>311,875</u>
Other Income		
Consulting	-	492
Interest income	2,808	1,967
Memberships and miscellaneous	12,624	18,558
Symposia	66,527	321,581
	<u>81,959</u>	<u>342,598</u>
	<u>\$ 320,602</u>	<u>\$ 654,473</u>

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.

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

Capital Disclosures

The Institute's objective when managing its capital is to safeguard the Institute's ability to continue as a going concern and to meet its financial obligations. The Institute seeks to accomplish this objective by holding sufficient unrestricted net assets to enable it to withstand negative unexpected financial events.

Note 11

Subsequent Events

Subsequent to the end of the year, the Institute signed an agreement with a hotel for guests rooms, function space, food and beverages for an event to be held in February 2011. The agreement represents a significant commitment by the Institute. As part of the agreement, the hotel will forgive \$ 54,720 in past attrition costs owing by the Institute, which are currently included in accounts payable.