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ANNUAL GENERAL MEETING AGENDA

December 16, 2010

4:00 PM – 5:30 PM (including refreshments)

Venue

Eye Care Centre Auditorium
Vancouver General Hospital
2550 Willow St.
Vancouver, BC

AGM Agenda

1. Welcome
 2. Presentation & Discussion: Maria Hudspith & Michael Negraeff with Pain BC
Improving Pain Services and Resources in British Columbia
 3. Minutes of Annual General Meeting, November 20, 2009
 4. Annual Report
 - o Acting President's Report
 - o Treasurer's Annual Report
 - Financials
 - Annual Review Financial Statements for the Year Ending June 30, 2009
 - o Nominations Committee's Report
 - o Executive Director's Report
 5. Election of Directors
 6. New Business
 7. Motion to Adjourn
-

ACTING PRESIDENT'S REPORT

Cathy Rambarran

The Canadian Institute for the Relief of Pain and Disability will be entering its 25th year of providing programs and services to people in British Columbia and across Canada.

This year CIRPD has focused its activities on the transformation and roll out of its on-line programs and services. An important objective of CIRPD is to provide credible "evidence-based" resources to empower people with chronic pain assisting them live healthy and productive lives. People living with chronic pain tend to face the extra burden of having an "invisible disability" - that can affect family relationships, work relationships and interactions with the health care community.

To create effective changes in the lives of people with chronic pain – educational activities need to move beyond those with chronic pain and their family members to include practical guidance to support workplace accommodation and society at large.

An important goal of CIRPD is to prevent and reduce pain and disability by closing the gap between what is known from high quality research and what is done in policy and practice. This year CIRPD has reached some new milestones towards this goal.

- The Health and Work Productivity web-portal is being built in India – the AGM will provide a sneak preview of the developing HWP Portal.
- Our upcoming conference: Musculoskeletal Disorders & Chronic Pain: Evidence-based approaches for clinical care, disability prevention and claims management is focused on closing the gap between research and system-based barriers preventing people receiving appropriate evidence-based care.
- Our whiplash prevention initiative is focused on providing consumers and employers with information on how best to protect you and your family against unnecessary pain and disability.

I would like to thank the BC Government for their continued support of our program and activities and the many volunteers who are committed to CIRPD's mission – the prevention and reduction of pain, pain-related suffering and disability.

I would like to give a very special thanks to Dr. Jack Richman for his many years of service on CIRPD's Board of Directors and working committees. Dr. Richman joined the organization in 1986 and has participated in its evolution over the past 24 years working as a volunteer in various capacities – most recently as its President and Chair of the Research Grants and Awards Committee. Dr. Richman stepped down from CIRPD's Board as one of our special projects will launch a CIHR partnered knowledge synthesis award competitions concerning occupational health and safety issues and Isocyanates (a group of chemicals used in the manufacturer of foam and paint products). This project would place Dr. Richman in a conflict of interest as he is a Medical Consultant to The Woodbridge Group.

I would like to thank the contribution of our outgoing board members [to be completed] who have provided strategic guidance and oversight, as well as CIRPD staff and office volunteers under the leadership of Dr. Marc White.

FINANCIAL REPORT

Janette Lyons CMA, BCom

This past year CIRPD was pleased to receive continued support from the Province of British Columbia's Direct Access Program that has assisted us in the planning and roll out of programs and activities throughout the province.

CIRPD also was successful with a number of project grant applications during the past fiscal year which support its activities focused on translating research into action.

The Finance Committee and board completed a strategic planning process in preparation for this year's budget. The budget was developed to support the following key priorities:

Health and Work Productivity Web-Portal

- To build first Phase Modules to provide stakeholders with work in progress to seek funding support for second phase
- To pilot-test literature translation process with select stakeholders to assess the potential value of HWP as a collaborative environment to find credible relevant resources and pilot test academic/stakeholder translation process (Grants received from WorkSafeBC with additional support from Healthcare Benefit Trust and BC Food Processors Association)
- To engage organizational stakeholder parties to participate in HWP project – engaging their membership in knowledge translation process
- To identify and engage academic topic editors to participate in HWP project
- To identify and engage academic/ workplace librarians to join HWP IRC
- To seek funding support in September/October for Phase II.

CIRPD – Consumer Health Programs and Services / Disability Stakeholders

- To renew CIRPD resources providing relevant knowledge, tools and other resources (podcasts, video, interactive media) to prevent and reduce pain, pain-related suffering and disability.
- To update and provide CIRPD self-management resources
- To expand CIRPD – BC Consumer Health Directory helping people in BC find programs, services and resources to help them live well with chronic disease.
- To secure a minimum of 5 community health organization/ service providers to add to directory program
- To continue to demonstrate value to funders including BC Direct Access of CIRPD's programs and services
- To create better tracking tools (google analytics) to report on progress
- To conduct a needs assessment of people with chronic pain across Canada using survey and interviews in collaboration with Canadian Pain Coalition. Funding secured already by CIHR –(ICS)
- To pilot-test literature translation process with select stakeholders to assess the potential value of HWP as a collaborative environment to find credible relevant resources and pilot test

Woodbridge Grants and Awards Program

- To continue providing Masters Training Awards for the Prevention and Mitigation of Injuries Arising from Auto Manufacturing or Motor Vehicle Collisions CIHR/AUTO21/CIRPD.
- To maintain our relationship as a CIHR Health Organization Partner, and utilizing this relationship to support CIRPD research interests.
- To maintain our relationship with AUTO21

International Conference: Musculoskeletal Disorders & Chronic Pain: Evidence-based approaches for clinical care, disability prevention and claims management

- To engage US and Canadian policy/ decision-makers, occupational medicine community, academic community to identify and address system-based barriers to the provision of evidence-based care.
- To continue our engagement with ACOEM
- To promote HWP to stakeholders attending
- To retire debt owing Hyatt Regency

Special Project: CIHR Special Priority Announcement to conduct systematic reviews to better understand the risks of isocyanates as potential carcinogens or respiratory hazards

- To bring together scientific and technical experts and representatives from government agencies, professionals organizations, and other agencies involved with occupational and environmental health to create a roadmap to address high priority needs.
- To create and implement a roadmap to facilitate a CIHR knowledge syntheses competition on isocyanates.
- To complete Terms of Reference for launch of CIHR partnered competition in 2011.

Our fundraising target for the coming fiscal year is \$150,000 to support the completion of the Health and Work Productivity Web-Portal project.

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: [Dr. Jack Richman] 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: Ken Craig, Bill Dyer, Doug Kube, Sylvie Gelinas, Adrienne Hook, Stan Jung, Mieke Koehoorn, Janette Lyons, Lisa McGuire, Cathy Rambarran.



Kenneth Craig, PhD - Professor Emeritus of Psychology, University of British Columbia

Dr. Craig is Director of the Health Research Resource Office in the Office of the UBC Vice President Research, Chair of the Behavioural Research Ethics Board (B) and a Professor Emeritus of Psychology at the University of British Columbia.

At UBC he has served as Director of the Graduate Programme in Clinical Psychology, Associate Dean of Graduate Studies, CIHR Senior Investigator, and Distinguished Scholar in the Peter Wall Institute for Advanced Studies. Current activities at UBC include responsibility for development of health research teams. He has participated in a number of successful health research teams, including those pursuing pediatric pain, pain in the elderly and development of interdisciplinary training models for management of children's pain.

His research has pursued the application of social science methodology to population and public health challenges of pain and disability. He has challenged the biomedical focus upon pain by providing a comprehensive systems perspective on pain and disability that incorporates an understanding of social factors contributing to under-management of pain.



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.

NOMINATION COMMITTEE REPORT (continued)

Adrienne Hook – Director of Project Coordination and Collaborative Relations, Health Employers Association of BC

Ms. Hook currently holds the position of Director, Project Coordination and Collaborative Relations with the Health Employers Association. Adrienne has in excess of 20 years of Health Care experience having started her career providing direct clinical care as part of the team at the Juan de Fuca Hospital Society in Victoria. For the past 15 years she has worked in progressively more complex roles; the vast majority of her career working in complex labour relations environments with multiple unions and numerous stakeholders.

Prior to her position with HEABC, Adrienne lived in her hometown of Victoria. Her organisational assignments have included implementing Attendance Management Programs and designing Critical Incident Response Toolkits for Managers. Her responsibilities included administration of the Employee Family Assistance Program, Design and implementation of an Early Intervention Program, WCB claims management protocols and case management of long term disability claims. Her key area of interest has been developing and implementing evidence based employee centric disability management programs. As an advocate of ability management and accommodation, Adrienne is convinced of the value of working with the employee and their union to facilitate meaningful and sustainable return to work programs.



Stan Jung, DC, FCCRS (C), FABDA – Chiropractic Specialist

Dr. Jung is a Chiropractic Specialist Consultant in Rehabilitation and a Forensic Consultant. He is a Fellow of the College of Chiropractic Rehabilitation Sciences (FCCRS) and a Fellow of the American Board of Disability Analysts (FABDA). His practice is predominantly (approximately 95%) working with chronic pain patients involved in motor vehicle collisions.

He was the Director of Rehabilitation at the (former) Thorson Health Centre, a multidisciplinary chronic pain facility. He has been involved with the CIRPD (formerly Physical Medicine Research Foundation) in various capacities (member, volunteer, conference participant) since the early 1990s. His area of academic interest includes studying motor vehicle collision injuries and how treatment and management of illness may contribute to chronicity.

For relaxation, Dr. Jung likes to play video games (XBox, PlayStation, & Wii) as well as playing the piano. His favourite books include: Tong: the Story of Tong Louie, Vancouver's Quiet Titan; My Country Versus Me, by Wen Ho Lee; Gifted Hands, by Ben Carson; and generally any book by Jack Canfield, Mark Victor Hansen, Robin Sharma, or Les Brown. As an avid movie buff, his favourite movies include The Castle, Top Gun and Enter the Dragon. As a practical tip for patients, Dr. Jung recommends that patients should not be afraid to clearly explain their concerns to their doctors and not feel like they are creating an inconvenience.

NOMINATION COMMITTEE REPORT (continued)



Mieke Koehoorn, PhD – Associate Professor, School of Population and Public Health, University of British Columbia

Dr. Koehoorn is an Associate Professor in the School of Population and Public Health and an Associate Faculty member with the School of Environmental Health, University of British Columbia. She also holds an appointment with the Institute for Work and Health. Mieke is the Past President of the Canadian Association for Research on Work and Health and currently holds a Michael Smith Foundation for Health Research Senior Scholar award in the field of occupational health and epidemiology.

Mieke was drawn to join CIRPD's Board of Directors because of CIRPD's mission and Marc White's commitment to interesting and novel approaches to achieving that mission. Her research interests are occupational health, including: the surveillance of occupational injury and disease including asthma, cancers and musculoskeletal injuries; occupational epidemiology including studies of firefighting and cardiovascular disease, and heavy industry and back injuries; and the evaluation of workplace safety policy and programs including forestry certification and workplace injuries, and surgical setting and return-to-work outcomes. Her favourite way to relieve stress is sailing. Her favourite books are of the CanLit genera, with Anne Michaels' *Fugitive Pieces* being a favourite.



Douglas Kube – Director, Occupational Health Services, Air Canada

Mr. Kube has 20 years experience in the occupational health, safety, human resources and environmental fields. Mr. Kube is currently a Community Member on the Board of Trustees at York Central Hospital.

Mr. Kube graduated from New England College in New Hampshire with a Bachelors Degree, is a Fellow with Leadership for Environment and Development International of New York, and is currently working on his Masters Degree at St. Francis Xavier University. He has published several articles, has chaired and presented papers at a variety of global, national and local conferences.

Dr. Kube got involved in occupational health and safety because he realized there was an opportunity to reduce the impact of illnesses and injuries of employees and that it could be done in a way that benefited the employer, the employee and society as a whole.

Dr. Kube was drawn to CIRPD after speaking at a CIRPD conference. Dr Kube enjoys participating in physical activity and exercise as a way to relax and reduce stress. His favorite book is Stephen Covey's *Seven Habits of Highly Effective People*.

NOMINATION COMMITTEE REPORT (continued)



Janette Lyons, C.M.A., BCom – Controller, Powerex

Ms. Lyons is currently a Controller at Powerex. Janette has held several senior and financial management positions for a number of organizations over the span of her career and most recently was with BCTC in the role of Manager, Budgeting, Forecasting and Analysis.

Prior to this appointment, she was the V.P. Finance at Wakefield Homes. Janette has a B.Comm (Finance) from University of Western Ontario, a C.M.A. (Certified Management Accountant), and a Leadership Development Certificate from Western Ivey School of Business. Ms. Lyons has over 20 years experience as a financial professional and her key strengths include strategic planning, process improvement utilizing Six Sigma and financial management. Janette is married with two children and resides in West Vancouver.



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.

NOMINATION COMMITTEE REPORT (continued)



Cathy Rambarran - Disability Management Consultant, Manulife Financial

Ms. Rambarran is a Disability Management Consultant for Manulife Financial with over 30 years experience. Formerly she was Disability Case Manager for Canada Life Assurance Company, Manager of Disability Department, Maritime Life Assurance Company; Manager of Underwriting, Sales Support Staff, Health & Dental Claims and Disability at Maritime Life Assurance Company; and Manager of Disability for Vancouver and Calgary Disability & Health and Dental Departments.

Cathy has been an active committee member for a number of initiatives under the auspices of the Canadian Institute for the Relief of Pain Disability (CIRPD). In this capacity, Cathy was a founding member of CIRPD's BC Task Force on Disability Prevention and Management Collaborative (renamed the Disability Prevention and Management Collaborative and was the Organizing Chair for CIRPD's 2006 Conference Business Health-Employee Health: Creation, Retention and Renewal.

Cathy was appointed to Board of Directors for the Canadian Institute for the Relief of Pain and Disability in November 2008. She is also member of the Mental Health BC Roundtable and a member of the Steering Committee for the BC Summit to Prevent Needless Work Disability and a Co-Chair of the BC Collaborative Task Group, Social Marketing.

EXECUTIVE DIRECTORS REPORT



Musculoskeletal Disorders and Chronic Pain: Evidence-based approaches for clinical care, disability prevention and claims management February 10-12, 2011

A key focus of the conference is the identification and mobilization of high quality research evidence that if implemented into policy and practice would improve clinical outcomes and prevent disability for adults with musculoskeletal disorders and chronic pain.

The goal is to identify potential system-based and policy solutions to support evidence-based clinical practice, and congruent evidence-informed claims and human resource processes. We have also established a Research to Policy and Practice committee with the intention of facilitating post-congress task groups to help create system-based changes to improve patient care.

The scientific chairs for the conference are **Dennis C. Turk, PhD** John and Emma Bonica Professor of Anaesthesiology and Pain Research, Department of Anaesthesiology, University of Washington and **John P. Holland MD, MPH**, Clinical Professor, Department of Occupational and Environmental Health Sciences, University of Washington and past president of the American College of Occupational and Environmental Medicine.

The plenary sessions integrated themes are:

- Prevention of disability (systems and policy aspects, clinical, evidence of effectiveness)
- Musculoskeletal Disorders and Chronic Pain (societal impact, clinical management; systems and policy issues)
- Opioids and alternatives (societal impact, clinical care issues, impact on work and safety interaction with disability, policy and practice)
- Getting to evidence-based care (how to move from research to policy and practice for musculoskeletal disorders and chronic pain)

The conference contains a combination of presentations and panels on identified key issues and scientific evidence from experts on clinical practice, policy and health care systems followed by small working group break-out groups. Small break-out groups will brainstorm and identify potential pathways to close the gap between what is known from high quality research and what is done – policy, training and practice. Following the conference a white paper will be created and circulated to participants.

Conference speakers include **Richard A. Deyo, MD, MPH** (Kaiser Permanente Professor of Evidence-Based Family Medicine, Oregon Health and Science University), **Glenn Pransky MD, MOccH** (Liberty Mutual Center for Disability Research), **Christopher Eccleston PhD** (Coordinating Editor, Pain, Cochrane Review Group, UK), **Michael Sullivan, PhD** (Professor of Psychology and Medicine, McGill University), **Peter Tugwell, MD, MSc, FRCPC, FCAHS**

EXECUTIVE DIRECTORS REPORT (continued)

(Coordinating Editor, Cochrane Musculoskeletal Review Group), **Dennis C. Turk, PhD** (John and Emma Bonica Professor of Anaesthesiology and Pain Research, University of Washington), **Alex Cahana, MD, DAAPM, MEdics** (Professor & Chief of the Division of Pain Medicine, University of Washington). For more information about the conference program please visit our website.

To ensure the conference is meeting needs of a broad-base of stakeholders, the Scientific Chairs established the Research to Policy and Practice Committee (RPP). The RPP Committee assisted in the development of a needs assessment survey with some of the members assisting with break-out group activities at the conference. Following the conference the RPP Committee will review the findings of the small group break-out session to create an action plan to address system-based barriers to the provision of evidence-based care.

I am happy to report that we just received approval of a \$13,500 CIHR award to support conference costs and prizes for winners of the scientific call for papers and post-conference activities.

Participating organizations: American Chiropractic Association, American College of Occupational and Environmental Medicine, American Pain Society, American Physical Therapy Association, Arthritis Research Centre of Canada, Canadian Centre for Occupational Health and Safety, Canadian Institute for the Relief of Pain and Disability, Canadian Memorial Chiropractic College, Canadian Orthopaedic Association, Canadian Pain Society, Canadian Society of Medical Evaluators, Department of Family Practice, University of British Columbia, Deutsche Gesellschaft zum Studium des Schmerzes e.V. (German Division of IASP), International Association of Industrial Accident Boards and Commissions, , Occupational and Environmental Medical Association of Canada.

Scientific Committee Members: **Roger Chou**, Associate Professor of Medicine, Oregon Health & Sciences University; **Garry Corbett**, President, Manitoba Vocational Rehabilitation Association of Canada Society; **Ken Craig**, Emeritus Professor, University of British Columbia; **Christopher Eccleston**, Professor of Psychology and Director of the Centre for Pain Research, University of Bath, UK; **Steven Z. George**, Associate Professor and Assistant Department Chair, University of Florida Department of Physical Therapy; **Scott Haldeman**, Clinical Professor, Department of Neurology, University of California, Irvine; **Philip Harber**, Professor of Family Medicine, University of California Los Angeles; **Natalie P. Hartenbaum**, President and Chief Medical Officer, OccuMedix Inc; **Monika Hasenbring**, Professor of Medical Psychology, Department of Medical Psychology and Sociology, Ruhr-University of Bochum; **Kurt Timothy Hegmann**, Professor and Center Director, Departments of Family and Preventive Medicine, Internal Medicine and Mechanical Engineering, University of Utah; **John Holland**, Principal, Holland Associates Clinical Professor, Department of Occupational & Environmental Health Sciences,

EXECUTIVE DIRECTORS REPORT (continued)

University of Washington; **T. Warner Hudson III**, Medical Director, Occupational Health, University of California Los Angeles; **Norman Kettner**, Chair, Department of Radiology, Logan College of Chiropractic; **D Gary Rischitelli**, Associate Professor, Department of Public Health and Preventive Medicine, School of Medicine, Oregon Health Sciences University; **Carsten Schmidt**, Co-Director, Study of Health in Pomerania (SHIP), Institute for Community Medicine, University of Greifswald; **Izabela Schultz**, Professor, Counselling Psychology Program, University of British Columbia; **Don Sinclair II**, Sinclair Occupational & Environmental Legal Consulting; **Jay Triano**, Dean, Graduate Education and Research Programs Professor, Canadian Memorial Chiropractic College; **Peter Tugwell**, Professor of Medicine, Epidemiology & Community Medicine, University of Ottawa; **Dennis C. Turk**, John and Emma Bonica Professor of Anaesthesiology and Pain Research, Department of Anaesthesiology, University of Washington; **Marc White**, Clinical Assistant Professor, Dept of Family Practice, University of British Columbia.

Research to Policy and Practice Committee Members: **Christine Baker**, Executive Officer, Commission on Health and Safety and Workers' Compensation; **Douglas Benner**, Medical Director of Employee Health and Medical Provider Networks (MPNs), Kaiser Permanente Medical Care Program, Northern California; **Alex Cahana**, Chief, Division of Pain Medicine, Department of Anesthesiology and Pain Medicine, University of Washington; **Gideon A. Letz**, Medical Director, State Compensation Insurance Fund, San Francisco; **L. Casey Chosewood**, Sr. Medical Officer for Strategy and Innovation, Centers for Disease Control and Prevention; **Jamie Cox**, Chief Medical Officer, Workers' Compensation Board of Nova Scotia; **Steven D. Feinberg**, Adjunct Clinical Professor, Stanford University School of Medicine; **Philip Harber**, Professor, Family Medicine, University of California, Los Angeles; **Natalie P. Hartenbaum**, President and Chief Medical Officer, OccuMedix, Inc.; **T. Warner Hudson III**, Medical Director, Occupational Health, University of California Los Angeles; **Greg Krohm**, Executive Director, International Association of Industrial Accident Boards and Commissions; **Kathryn L. Mueller**, Professor in the Department of Surgery and the School of Public Health, University of Colorado; **Paul J. Papanek Jr.**, President, Western Occupational & Environmental Medical Association; **Ann Searcy**, Medical Director, Zenith Insurance Northern California; **Don Sinclair II**, Sinclair Occupational & Environmental Legal Consulting; **Patsi Sinnott**, Health Economist, Health Economics Resource Centre (HERC); **William M. Zachry**, Vice President of Risk Management, Safeway Inc.

WhiplashPrevention.org – Update

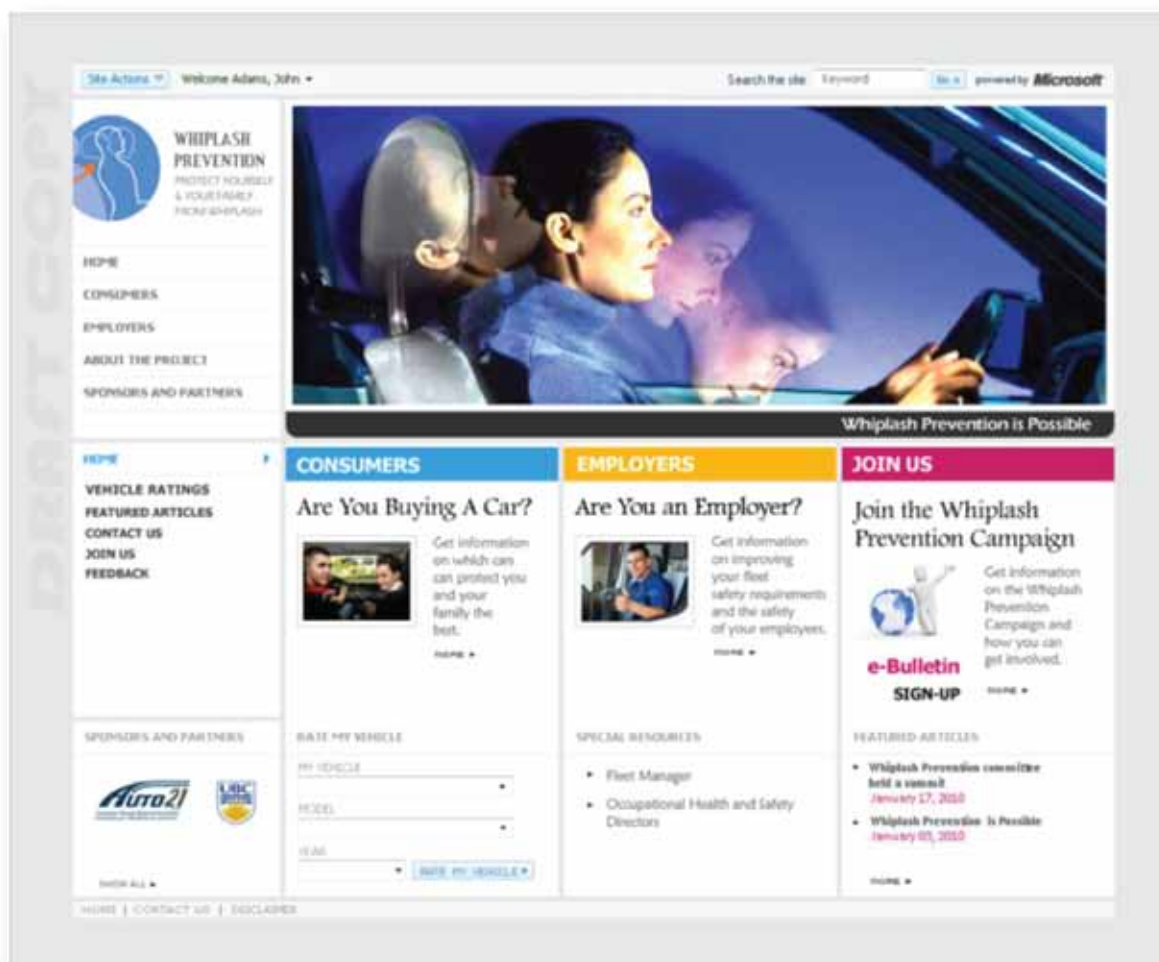
Last year, CIRPD was a co-applicant on a successful two year grant application to Auto21 Network Centres of Excellence to create and implement a roadmap to reduce unnecessary pain and disability arising from rear-end, motor vehicle collisions. The project team members are: Douglas Romilly PEng (UBC Dept 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.

This past year we applied and received funding support from UBC's Work Summer 2010 Study Program for summer student participation in the "whiplashprevention.org" website and observation study. We established and held two Stakeholder Advisory Committee meetings to provide input into the developing the "whiplashprevention.org" website. We have collected and created new educational materials for the whiplashprevention.org website.

EXECUTIVE DIRECTORS REPORT (continued)



We are currently developing a web-based tool to assist consumers and other stakeholders to find new or used cars with high safety ratings and integrated green rating information. Special thanks to ICBC for a \$7,500 grant to support the "Rate My Car" and "Find Car" web-tool and the terrific support from the Insurance Institute for Highway Safety (for safety data), US Environmental Protection Agency (green data), and Canadian BlackBook (vehicle price data).

This funding will support programming work on the project and the integration of additional safety fields in the database. We expect to apply for a second grant from ICBC before the calendar end as they would like to integrate components of this web-tool on their website. The research team has submitted a request for a one year extension from AUTO21 on this project.

We delivered several presentations to different stakeholder groups at their professional meetings, and published articles about the project in conference proceedings.

Health and Work Productivity Web-Portal Building Phase I

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.

Phase I of the HWP project is almost complete. Working with BrickRed overall has been very good. They are committed to the project deliverables and instituted a management system that has helped us guide the process and have remained vigilant in terms of costs.

This next year we will moving the test server to our Vancouver-based servers (special thanks to Radiant Communication Inc. who have provided complimentary collocation services). This will make it easier to showcase the HWP project to potential stakeholder funders. I will be seeking board assistance with stakeholder cultivation and funding. We need to raise \$150K to complete Phase II of the project.

WorkSafeBC Project – Testing the Value of HWP

With the nearing completion of Phase I we sought and received a grant from WorkSafeBC to pilot-test a beta-version of web-portal with academic and community stakeholders and determine whether the collaborative process helps to close the gap between research and practice. The pilot project has two primary aims:

1. To determine whether the web-portal provided an efficient and effective mechanism for academic researchers and community stakeholders to identify, translate and dissemination reliable and meaningful knowledge, tools and implementation resources?
2. To create an evaluation framework to assess whether the HWP Portal initiative provided sufficient value to both academic and community partners to warrant further investment (human and financial) in the portal project.

The project will focus on two primary objectives.

(i) To create a strong business case to implement disability prevention/management programs providing practical guidance on key factors that result in cost-benefit (worker health and productivity). Consider both small business and medium/large business case perspectives.

(ii) To facilitate the identification of people at high risk for disability.

EXECUTIVE DIRECTORS REPORT (continued)

We would like to thank our research team and collaborators: **Janusz Kaczorowski** is a Professor and Research Director at the Department of Family Practice at UBC, an MSFHR Senior Scholar and Director of Primary Care and Community Research at the Child & Family Research Institute. **Rick Iverson** is Professor of Human Resource Management, Faculty of Business Administration, Simon Fraser University and has published over 50 refereed research articles and book chapters. **Shannon Wagner** is Associate Professor of Health Sciences, Director of UNBC Institute for Social Research and Evaluation and co-leader of the (MSFHR) Workplace Traumatic Stress Team. **Izabela Schultz** is Professor in the Counselling Psychology Program at the University of British Columbia where she also serves as Director of the graduate program in Vocational Rehabilitation Counselling. **Werner Schulz** is Vice President and Director of Integrated Health and Disability Management at Healthcare Benefit Trust, **Lisa McGuire** is the executive director of BC Food Processors Health and Safety Council and **Mike McKenna**, executive director for the BC Construction Safety Alliance. Thanks to Stephen Torrence for his assistance with the initial application.

BC Consumer Health Resources Update

The new CIRPD website is under construction by Tonya, Susannah and Mehmet. We worked with our contract designer, Martin Prijatna, to create a new CIRPD logo as well as a new branding design for the website. We are very excited about this development. We are currently focused on implementing the new design and creating the content for the site. We expect to launch the new website in February. Some of the key features of the new website are:

- A more comprehensive resource list for a broader range of health conditions
- A blog for community updates
- New information and resources for employers and employees
- An updated BC Consumer Resources Guide
- The long awaited intranet site for board and committee members
- More interactive resources (Videos, Polls, Podcasts, etc)

EXECUTIVE DIRECTORS REPORT (continued)



Tonya has been building relationships through the use of social media. The goals of our social media campaign are

- disperse evidence-based health and safety information
- encourage lifestyle changes that enhance self-management of chronic pain, and chronic disease
- highlight current research
- bring awareness to CIRPD's activities

We are connected to local, national and international organizations, as well as, many individuals interested in chronic pain management, workplace health and safety . You can find us on Facebook, Twitter, YouTube, LinkedIn and Delicious.

CIHR Special Priority Announcement - Isocyanates Project Update

CIRPD has been working with the Canadian Institutes for Health Research to launch a Special Priority Announcement to seek proposals to conduct knowledge synthesis reviews to better understand the absolute and relative health risks of isocyanates and related compounds as potential carcinogens or respiratory hazards in controlled work environments, and determine best practices in differential diagnosis of occupational asthma.

We held an excellent planning meeting in Montreal at the Institut de Recherche en Santé et en Sécurité du Travail du Québec with the following stakeholders: **James L. Henry PhD** (Professor and Chair in Central Pain, McMaster University), **Mary Cushmac** (Project Manager, Design for the Environment (DfE) Program Economics, Exposure and Technology Division Office of Pollution Prevention and Toxics, U.S. EPA), **Pertti (Bert) J. Hakkinen, PhD** (Senior Toxicologist, and Toxicology and Environmental Health Science, Advisor (to the Director), Specialized Information Services, National Library of Medicine, National Institutes of Health), **John P. Holland MD, MPH, FACOEM** (Past President of the American College of Occupational Medicine), **Catherine Lemièr MD** (Professor, Department of Medicine, and Department of Environmental Health and Workplace Health, Université de Montréal), **Chaidwick Leneis** (Senior Advisor on the Knowledge Synthesis, Canadian Institutes for Health Research), **Jacques Lesage MSc**, (Director of the Service and Expertise Laboratory, Institut de Recherche en Santé et en Sécurité du Travail du Québec), **Martin Nicholas PhD** (Head, Public Awareness, Surveillance and National Compliance Coordination, National Office of the Workplace Hazardous Materials Information System, Health Canada), **Pierre Band PhD** (Senior Medical Epidemiologist, Health Canada, Environmental Epidemiology), **Carrie A. Redlich, MD, MPH** (Professor of Medicine, Professor of Medicine (Occupational Medicine); Director, Occupational and Environmental Medicine Program), **Jack Richman MD**, (Senior Medical Consultant, The Woodbridge Group), **Robert Streicher PhD** (Chief, Chemical Exposure and Monitoring Branch, Division of Applied Research and Technology, National Institute for Occupational Safety and Health, CDC) and myself. Other stakeholders participating in this process are **Marc Baril PhD** (Institut de Recherche en Santé et en Sécurité du Travail du Québec), **Jeremy Beach MBBS, MD, FRCP(Edin)** (Associate Professor, Department of Medicine, and Residency Program Director, Occupational Medicine Residency Program, University of Alberta) and **Claude Emond PhD** (Clinical Adjunct Professor, Department of Environmental and Occupational Health, Université de Montréal).

A final draft of the preliminary report is being prepared and we expect that CIHR will launch the competition in the Spring 2011.

BC Collaborative for Disability Prevention

The BC Collaborative for Disability Prevention was established in February 2009 by volunteers from the BC Summit held in 2008. Its goal is to foster and enable ongoing multi-stakeholder collaboration in order to catalyze the transition from vision to action..

The BCDP Steering Committee includes representation from the provincial government (Ministry of Housing and Social Development and the Public Service Agency), insurers (WorkSafeBC, Manulife, Sun Life, Pacific Blue Cross), business/employers (Business Council of BC, BC Chamber of Commerce), medicine (BC Medical Association), non-profit (Canadian Institute for the Relief of Paion and Disability) and disability services (Ultima Medical Services, Centrix Disability Management Services). Task Group membership provides even broader representation from all sectors and all key stakeholder groups from the disability system in British Columbia.

The BDF Steering Committee will guide and coordinate the activities of the six Task Groups in an overall effort to improve the quality and consistency of disability practices throughout British Columbia by:

- Informing Disability Policy and Legislation
- Mobilizing Communities to adopt standardized, evidence-based practices
- Foster Coalitions and Networks of key stakeholder groups
- Change Organizational Practices
- Educate Providers
- Promote Community Education
- Strengthen Individual Knowledge and Skills

CIRPD assisted BCDP with a successful application to the BC Labour Market Partnership program which will be providing Dr. Larry Myette with financial support to build organizational capacity, generate sustainable resources and facilitate the advancement of Task Group projects and proposals.

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

Thanks to the support of The Woodbridge Group we are pleased to continue our CIHR Partnered Masters Training Awards.

Current Award Winners

- **Doctoral Research Award**

Tara Kajaks – Automotive Manufacturing Injuries: Towards Workplace Injury Reduction by Improving Proactive Ergonomic Assessments using Virtual Reality and Digital Human Modeling, McMaster University.

Daniel Mang - Seat-human interface: Optimizing car seat properties to the individual for injury prevention, University of British Columbia

Shamual Farhanur Rahaman - A population based examination of the influence of social networks on children risk of injury in vehicles using artificial intelligence computational models, University of Windsor.

EXECUTIVE DIRECTORS REPORT (continued)

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.

Personnel

This past year we hired Ann Gillespie as a project administrator to assist us with several projects. Ann has worked as project manager and advisor on major primary healthcare and water programs on international projects including CARE/CIDA. She owned her own communications business for three years and was involved with strategic development, writing and designing professional business and organizational communication materials including project proposals and reports, brochures, publicity materials, fundraising packages, website, newsletters. She is currently assisting with some conference logistics, and is assisting us with the whiplash prevention project, WorkSafeBC project and BC Consumer Health Directory.

We have also just hired Sam Wang one day per week as bookkeeper. Sam is an accounting professional with over 10 years of experience in manufacturing, high-tech industry and service sectors. He is proficient in handling full cycles of accounting aspects, such as A/P, A/R, payroll, banking, inventory, reconciliation, cash flow, project management. Sam was a volunteer bookkeeper with us for approximately 3 months and we are delighted to have him join us.

Other Donations

Thanks to Galaxy Multimedia Inc. for providing us with VOIP services and DSL connection, CIRPD has further reduced its telecommunication expenses. Radiant has provided CIRPD collocation services for the Health and Work Productivity Web-portal servers.

FluidSurveys provided us with their online survey tools which has proven to be invaluable with our various project activities Thank you!

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
Year Ended June 30, 2010
(Unaudited)

Marsh & Marsh Inc.

CHARTERED ACCOUNTANTS

#405 - 1901 ROSSER AVE.

BURNABY, B.C. V5C 6S3

TEL: (604) 299-6344

FAX: (604) 299-6355

REVIEW ENGAGEMENT REPORT

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

We have reviewed the statement of financial position of Canadian Institute for the Relief of Pain and Disability as at June 30, 2010 and the statements changes in net assets, operations 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, British Columbia
October 16, 2010


Chartered Accountants

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

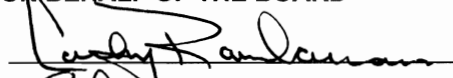
Statement of Financial Position

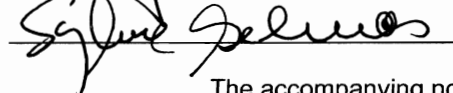
June 30, 2010

(Unaudited)

	2010	2009
ASSETS		
CURRENT		
Cash and short term investments	\$ 56,247	\$ 81,990
Cash held in trust	74,401	57,458
Restricted cash - gaming account	167,029	175,605
Accounts receivable	2,379	21,166
GST recoverable	844	1,250
Prepaid expenses	22,249	2,003
	323,149	339,472
PROPERTY AND EQUIPMENT (Note 4)	20,929	18,897
	\$ 344,078	\$ 358,369
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 4,456	\$ 55,326
Accrued interest payable (Note 5)	7,145	6,741
Wage related payables	291	3,971
Deferred contributions (Note 6)	374,103	341,901
	385,995	407,939
NET ASSETS		
Unrestricted	(62,846)	(68,467)
Invested in property and equipment	20,929	18,897
	(41,917)	(49,570)
	\$ 344,078	\$ 358,369
COMMITMENTS (Note 8)		

ON BEHALF OF THE BOARD

 Director

 Director

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
Year Ended June 30, 2010
(Unaudited)

	Unrestricted	Invested in Property and Equipment	2010	2009
NET ASSETS - BEGINNING OF YEAR	\$ (68,467)	\$ 18,897	\$ (49,570)	\$ (30,390)
Excess (deficiency) of revenue over expenditures	14,527	(6,874)	7,653	(19,180)
Interfund transfer - purchase of property and equipment	(8,906)	8,906	-	-
NET ASSETS - END OF YEAR	\$ (62,846)	\$ 20,929	\$ (41,917)	\$ (49,570)

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

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Statement of Operations

Year Ended June 30, 2010

(Unaudited)

	2010	2009
REVENUE		
Fundraising and grants <i>(Note 7)</i>	\$ 230,429	\$ 238,643
Other income <i>(Note 7)</i>	<u>16,997</u>	<u>81,959</u>
	247,426	320,602
EXPENDITURES		
Bank charges and interest	1,144	1,628
Consulting	45,994	108,647
Delivery	243	692
Dues and memberships	695	1,169
Insurance	3,146	2,828
Meals and entertainment	1,199	2,159
Office supplies and services	46,821	58,824
Professional fees	3,835	3,169
Rent	14,970	13,547
Symposia	(757)	17,638
Telecommunications	3,038	5,113
Travel	8,551	1,569
Wages and benefits	<u>158,740</u>	<u>117,408</u>
	287,619	334,391
DEFICIENCY OF REVENUE OVER EXPENDITURES FROM OPERATIONS	<u>(40,193)</u>	<u>(13,789)</u>
OTHER EXPENSES		
Amortization	6,874	5,391
Expense recoveries <i>(Note 8)</i>	<u>(54,720)</u>	<u>-</u>
	(47,846)	5,391
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	<u>\$ 7,653</u>	<u>\$ (19,180)</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

Year Ended June 30, 2010

(Unaudited)

	2010	2009
OPERATING ACTIVITIES		
Excess (deficiency) of revenue over expenditures	\$ 7,653	\$ (19,180)
Item not affecting cash:		
Amortization of property and equipment	<u>6,874</u>	<u>5,391</u>
	<u>14,527</u>	<u>(13,789)</u>
Changes in non-cash working capital:		
Accounts receivable	18,787	(21,166)
GST recoverable	406	995
Prepaid expenses	(20,246)	40,360
Accounts payable and accrued liabilities	(50,870)	108
Accrued interest payable	404	382
Wage related payables	(3,680)	309
Deferred contributions	<u>32,202</u>	<u>63,053</u>
	<u>(22,997)</u>	<u>84,041</u>
Cash flow from (used by) operating activities	<u>(8,470)</u>	<u>70,252</u>
INVESTING ACTIVITY		
Purchase of property and equipment	<u>(8,906)</u>	<u>(10,034)</u>
Cash flow used by investing activity	<u>(8,906)</u>	<u>(10,034)</u>
INCREASE (DECREASE) IN CASH FLOW	<u>(17,376)</u>	<u>60,218</u>
Cash - beginning of year	<u>315,053</u>	<u>254,835</u>
CASH - END OF YEAR	<u>\$ 297,677</u>	<u>\$ 315,053</u>
CASH FLOWS SUPPLEMENTARY INFORMATION		
Interest paid	<u>\$ 740</u>	<u>\$ 1,246</u>
CASH CONSISTS OF:		
Cash and short term investments	\$ 56,247	\$ 81,990
Cash held in trust	74,401	57,458
Restricted cash - gaming account	<u>167,029</u>	<u>175,605</u>
	<u>\$ 297,677</u>	<u>\$ 315,053</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

Year Ended June 30, 2010

(Unaudited)

1. NATURE AND PURPOSE OF ORGANIZATION

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.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian generally accepted accounting principles applied on a basis consistent with the prior period. Outlined below are those policies the Institute considered particularly significant.

Cash and Cash Equivalents

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

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

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.

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 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.

(continues)

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to Financial Statements

Year Ended June 30, 2010

(Unaudited)

2. SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Property and Equipment

Property and Equipment are recorded at cost and amortized over their estimated useful lives at the following rates and methods:

Computer equipment	30%	declining balance method
Computer software	5 years	straight-line method
Furniture and equipment	20%	declining balance method

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.

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, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results may differ from those estimates.

Changes in Significant Accounting Policies

Financial Statement Presentation by Not-For-Profit Organizations

On July 1, 2009, the Institute adopted The Canadian Institute of Chartered Accountants' (CICA's) Handbook Section 4400, Financial Statement Presentation by Not-For-Profit Organizations, which 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.

Disclosure of Allocated Expenses by Not-For-Profit Organizations

On July 1, 2009, the Institute adopted the CICA's Handbook Section 4470, Disclosure of Allocated Expenses by Not-For-Profit Organizations, which 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.

Financial Instruments - Disclosure and Presentation

On July 1, 2009, the Institute elected to continue to use the CICA's Handbook Section 3861, Financial Instruments - Disclosures and Presentation, instead of adopting the CICA's Handbook Section 3862 and 3863, Financial Instruments - Disclosures and Presentation. The new Handbook Sections would have revised and enhanced disclosure requirements and carried 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, had the option to not apply these new standards.

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

Year Ended June 30, 2010

(Unaudited)

3. ENDOWMENT FUND - IAN A. BARCLAY CHRONIC PAIN FUND

The Institute's Chronic Pain Endowment Fund was renamed last 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 \$nil (2009 - \$2,540) on the accumulated capital was recorded as endowment fund income and is available for use by the Institute for general operating purposes.

4. PROPERTY AND EQUIPMENT

	Cost	Accumulated amortization	2010 Net book value	2009 Net book value
Computer equipment	\$ 42,186	\$ 32,991	\$ 9,195	\$ 13,136
Computer software	8,906	1,781	7,125	-
Furniture and equipment	31,357	26,748	4,609	5,761
	<u>\$ 82,449</u>	<u>\$ 61,520</u>	<u>\$ 20,929</u>	<u>\$ 18,897</u>

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 \$404 (2009 - \$381) 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.

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.

	2009 Deferred	Received	Earned	2010 Deferred
Direct access grants	\$ 158,934	\$ 200,000	\$ 171,323	\$ 187,611
Project grants	178,794	57,946	59,107	177,633
Symposia and conferences	4,173	5,000	314	8,859
	<u>\$ 341,901</u>	<u>\$ 262,946</u>	<u>\$ 230,744</u>	<u>\$ 374,103</u>

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to Financial Statements

Year Ended June 30, 2010

(Unaudited)

7. REVENUE

	2010	2009
Fundraising and Grants		
Direct access (Note 6)	\$ 171,322	\$ 121,066
Grants (Note 6)	<u>59,107</u>	<u>117,577</u>
	\$ 230,429	\$ 238,643
Other Income		
Consulting	\$ 11,718	\$ -
Interest income	76	2,809
Memberships and miscellaneous	4,889	12,623
Symposia (Note 6)	<u>314</u>	<u>66,527</u>
	\$ 16,997	\$ 81,959
Grand total	<u>\$ 247,426</u>	<u>\$ 320,602</u>

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. Payments are currently \$1,260 per month.

The Institute signed an agreement with a hotel for guest 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. The forgiveness of this amount was recorded in expense recoveries during the current fiscal year.

CANADIAN INSTITUTE FOR THE RELIEF OF PAIN AND DISABILITY

Notes to Financial Statements

Year Ended June 30, 2010

(Unaudited)

9. FINANCIAL INSTRUMENTS

The methods and assumptions used to measure the value of each class of financial instruments are as follows:

Cash and Short Term Investments

The Institute's cash and short term investments are classified as held-for-trading financial assets. They are measured at fair value and changes in fair value are recognized in net earnings.

Accounts Receivable

The Institute's accounts receivable are classified as loans and receivables. They are measured at amortized cost, which is generally the initially recognized amount, less any allowance for doubtful accounts.

Accounts Payable and Accrued Liabilities

The Institute's accounts payable and accrued liabilities are classified as other financial liabilities. They are measured at amortized cost using the effective interest method.

In the opinion of management, the Institute is not exposed to significant interest, currency or credit risks arising from these financial instruments.

10. CAPITAL DISCLOSURES

The Institute's objective when managing its capital is to safeguard the Institute's ability to continue as a going concern, so that it can continue to create and disseminate evidence - informed best practices on the reduction of pain, pain-related suffering, and disability. The Institute seeks to accomplish this objective by holding sufficient unrestricted net assets to enable it to withstand negative unexpected financial events.