CANDIDATE PROFILE

Michele Sterling, Australia

Rehabilitation/ Physiotherapy, Clinical Researcher

Please provide a brief description of your work and interest in the pain field.

My journey in pain research is not a conventional academic one. I spent twenty years as a practising physiotherapist before commencing my research career in 2003. The question that drove me was one I encountered repeatedly in the clinic: why do some people develop chronic pain after injury while others recover? This knowledge gap drove everything that followed. My interest has never been abstract; it is embedded in two decades of clinical practice and a determination to find better answers for patients. In the years since, I have built a research program spanning basic human research, randomised controlled trials, and implementation science, attracting more than $50 million in competitive funding, reaching the highest tier of Australia's national research system (NHMRC Investigator Level 3), directing an NHMRC Centre of Research Excellence, and receiving awards for research translation. The integration I advocate for IASP is not a theoretical position. It has been the basis for my career.

I have served IASP as a Council member, Scientific Programme Committee Chair for Amsterdam, Chair of the Fellowships, Grants, Awards Working Group, and currently as Secretary. I am a Section Editor at PAIN and a member of GAPPA. Establishing a rehabilitation section in PAIN is among the contributions I value most.

My interest in IASP is central to how I understand the purpose of my work. The organisation has a unique capacity to convene the world's pain researchers, clinicians, and increasingly, people with lived experience. Realising that capacity more fully is what motivates my candidacy.

Please provide a brief statement of why you are interested in running for President-Elect—why would someone want to vote for you?

IASP is at a pivotal moment. The pain field has matured enough to move beyond disciplinary silos, yet our organisation still struggles to fully connect basic science, clinical research, implementation, and the voices of people living with pain. I bring a career spanning discovery, clinical research, implementation, and leadership, with governance expertise across IASP's scientific, financial, and strategic functions. I am running because I believe IASP can be more unified, more inclusive, and more impactful while maintaining the scientific excellence on which its reputation is built. I understand the organisation and challenges. I believe I can lead its next chapter.

Leadership Approach and Vision: Please describe your leadership style and how you envision leveraging it to fulfill the duties of the President-Elect. How do you plan to contribute to the strategic direction of the Association during your tenure?

My leadership style is collaborative and evidence-informed. In a complex, voluntary organisation like IASP, leadership is not about directing from above but creating conditions for talented people to work effectively together. That means listening carefully, being transparent about constraints, building consensus, and making difficult decisions when necessary.

My vision for IASP centres on integration. The organisation spans an extraordinary range of expertise, from cellular neuroscience to health policy, from clinical trials to lived experience advocacy. This breadth is a strength, but it can also lead to fragmentation. Scientific excellence must remain at the heart of everything IASP does. Improving the

lives of people living with pain depends on continued investment across the spectrum of pain science, from fundamental discovery and translational research to clinical investigation and implementation. One of my goals would be to strengthen connections across this continuum so discoveries more effectively inform practice, while clinical challenges continue to stimulate research.

Strategically, I would prioritise three areas: strengthening connections between IASP's research, clinical, and implementation communities through programming, funding, and communication; embedding consumer and patient perspectives more deeply within IASP's governance and scientific agenda; and ensuring a diversified, sustainable financial model that reduces reliance on any single revenue source.

I come to this role with experience in governance, scientific leadership, financial oversight, and publishing. Through leadership roles within IASP and as Director of an NHMRC Centre of Research Excellence, I have developed the strategic, collaborative, and organisational skills needed to guide a more cohesive, sustainable, and impactful IASP.

Experience in Collaborative Decision Making: Can you provide examples of your experience working collaboratively within a committee or team to achieve common goals? How do you plan to foster collaboration among the Secretariat, Executive Committee, Council, and various committees within IASP ?

Collaboration is not an approach I have adopted for this role; it is how I have worked throughout my career. In research, I lead a team that brings together basic scientists, clinicians, implementation researchers, and consumer advisors. Establishing and running consumer advisory panels for my own research program has taught me that meaningful collaboration requires structural commitment, not just good intentions.

Within IASP, I have chaired or co-chaired several bodies that required sustained collaborative working: the Grants Review Panel for six years, the Scientific Programme Committee for the Amsterdam World Congress, the Reimagining Congress Task Force, and currently the Audit Committee. Each of these required building consensus among people with different priorities, disciplinary backgrounds, and sometimes competing interests.

The Reimagining Congress Task Force is perhaps the most instructive example. We undertook a genuine review of attendee feedback and the current congress model, and navigated the tension between what members expected and what was financially and logistically feasible. The process required honesty about constraints and careful management of expectations; outcomes that required trust built through transparent process.

As President-Elect and then President, I would apply this same approach to the relationship between the Secretariat, Executive Committee, Council, committees and SIGs. These bodies work best when their roles are clear, communication is regular, and decision-making processes are transparent. I would prioritise regular structured dialogue between these groups and ensure that committee and SIG work is meaningfully connected to IASP's strategic direction rather than operating in isolation.

Financial Oversight and Strategic Planning: Given the President-Elect's role in assisting the President and serving on the Executive Committee, how do you plan to contribute to the association's financial oversight and strategic planning processes? Please outline your approach to reviewing budgets, assessing financial reports, and collaborating with the Treasurer and Finance Committee to ensure the fiscal health and sustainability of IASP. Additionally, how do you envision leveraging financial data and insights to inform strategic decision-making and advance the association's mission effectively?

I have direct experience reviewing financial reports, engaging with the Treasurer and Finance Committee, and understanding the structural pressures facing the organisation.

IASP's financial position is stable but strained. The loss of pharmaceutical industry funding over recent years removed a significant revenue stream, and the organisation now relies heavily on the World Congress, held every two years, to generate surplus. This model creates meaningful risk: a poorly attended congress, an adverse geopolitical climate affecting international travel, or a global disruption such as we are currently navigating can materially affect the organisation's finances for years.

There is also a perception problem. Many IASP members believe the organisation is well-resourced, when in fact the Council is about to undertake a prioritisation exercise precisely because resources are finite and choices must be made. Part of responsible financial leadership is being honest with members about this reality, not to dampen ambition, but to focus it.

My approach to financial oversight as President-Elect and then President would be threefold. First, I would work with the Treasurer and Finance Committee to develop clearer financial communication for the membership, helping members understand the organisation's real financial position and the trade-offs involved in strategic decisions.

Second, I would advocate for continued revenue diversification: reducing congress dependency by exploring other income streams including grants, partnerships, online education, and membership growth in under-represented regions. Third, I would ensure that the prioritisation process underway in Council is rigorous, transparent, and genuinely connected to member priorities, not just an internal administrative exercise.

Financial sustainability is not a constraint on IASP's mission, it is what makes the mission possible. I would bring to this role the analytical rigour of a researcher who has managed more than $50 million in competitive grants, the governance experience of Secretary and Audit Committee Chair, and a genuine commitment to making the organisation's financial health legible and manageable for all who lead it.

Engagement with the Global Pain Community: Pain management is a global issue affecting diverse populations. As President-Elect, how do you plan to engage with and represent the interests of the global pain community, ensuring inclusivity and diversity in IASP initiatives and policies?

Pain is a universal human experience, but access to research, education, and care remains profoundly unequal. As President, I would make global equity a lens through which IASP considers its priorities, partnerships, governance, and investment decisions.

IASP's membership spans more than 120 countries and 98 chapters, yet opportunities for leadership and influence remain concentrated in high-income settings. I am committed to broadening those opportunities and have already worked to advance this agenda. When I raised the inequity of meetings scheduled to suit European and North American time zones, requiring members in Australia, Asia, and the Pacific to join at 2 or 3am, the result was not simply acknowledgement but action: a governance document now formally guides meeting scheduling. Equity must be structural, not just stated. I would apply that principle more broadly by supporting leadership development and visibility for members from under-represented regions and low- and middle-income countries.

Broadening participation within IASP matters equally. Pain science and pain care depend on contributions from researchers, clinicians, educators, policymakers, and people with lived experience. Diverse perspectives strengthen science and practice. My involvement with GAPPA reflects this conviction, as does my own research, where people with lived experience have helped shape priorities, interventions, and implementation strategies. I would continue to support meaningful involvement of people with lived experience across IASP activities. Inclusivity is about whose questions are asked, whose evidence is generated, whose voices are heard, and whose experiences shape the future of the field.

IASP Involvement

- 2008–2014 Chair, Scientific Programme Committee, Australian Pain Society
- 2014–2022 Chair, Fellowships, Grants and Awards Working Group
- 2016–2022 Elected Member of Council
- 2016–2022 IASP Liaison to Australian Pain Society
- 2018–2022 Member, Global Burden of Pain Task Force
- 2020– Member, Global Alliance of Partners for Pain Advocacy (GAPPA)
- 2020–2024 Member, Scientific Programme Committee, World Congress on Pain
- 2022–2024 Chair, Scientific Programme Committee — World Congress on Pain, Amsterdam
- 2022– Member, Pain Terminology Task Force
- 2024–2026 Secretary, Executive Committee
- 2024–2026 Chair, Audit Committee
- 2024–2025 Chair, Reimagining World Congress Task Force

Professor Michele Sterling

PhD, BPhty, MPhty, FACP

Program Lead, Recover Injury Research Centre, UQ | NHMRC Investigator Fellow (Leadership 2, Leadership L3 from 2027) | Section Editor, PAIN

CAREER PROFILE

Professor Michele Sterling is an internationally recognised pain researcher, specialist musculoskeletal physiotherapist, and research leader whose work spans basic human pain science, clinical trials, implementation research, and health policy. Following 20 years of clinical practice, she commenced her research career in 2003, motivated by a longstanding clinical question: why do some people develop chronic pain after injury while others recover?

Over the past two decades, she has established a globally recognised research program focused on understanding and improving recovery from musculoskeletal injury and persistent pain. Her work has attracted more than AUD$50 million in competitive research funding and informed clinical practice, policy, and compensation systems internationally.

From 2027, she will hold an NHMRC Investigator Fellowship at Leadership Level 3 — the highest level of Australia's national health and medical research fellowship scheme (equivalent to the NIH), awarded to internationally recognised research leaders. Professor Sterling brings extensive experience in scientific leadership, governance, financial oversight, and international collaboration through senior roles within IASP and major national research initiatives.

RESEARCH LEADERSHIP AT A GLANCE

>350 Peer-reviewed publications	**75** H-index	**>20,000** Citations	**>AUD$50M** Competitive funding

#1 Australia's Top Pain Researcher (2025)	**24** PhD/Masters completions	**>30,000** Patients/year via WhipPredict

CURRENT APPOINTMENTS

2027–2032	NHMRC Investigator Fellow, Leadership Level 3
2023–2027	NHMRC Investigator Fellow, Leadership Level 2
Current	Professor & Program Lead, Recover Injury Research Centre, UQ
2022–2026	Director, NHMRC CRE: Better Health Outcomes for Compensable Injury
2020–	Section Editor, PAIN (official journal of IASP)

IASP LEADERSHIP & SERVICE

Executive Leadership & Governance

2024–2026	Secretary, Executive Committee
2024–2026	Chair, Audit Committee
2016–2022	Elected Member of Council

Scientific Leadership, Task Forces & Working Groups

2024–2025	Chair, Reimagining World Congress Task Force
2022–2024	Chair, Scientific Programme Committee — World Congress on Pain, Amsterdam
2022–	Member, Pain Terminology Task Force
2020–	Member, Global Alliance of Partners for Pain Advocacy (GAPPA)
2020–2024	Member, Scientific Programme Committee, World Congress on Pain
2018–2022	Member, Global Burden of Pain Task Force
2014–2022	Chair, Fellowships, Grants and Awards Working Group

Chapter Leadership

2016–2022 IASP Liaison to Australian Pain Society
2008–2014 Chair, Scientific Programme Committee, Australian Pain Society

Selected contribution: Advocated for international equity in IASP governance, leading to a formal policy on global meeting scheduling to improve participation from under-represented regions.

ACADEMIC QUALIFICATIONS

2003 PhD — Motor, sensory & psychological impairments following whiplash injury, The University of Queensland
2000 Master of Physiotherapy (Research) — The University of Queensland
1992 Postgraduate Diploma in Manipulative Therapy (with Distinction) — Curtin University
1982 Bachelor of Physiotherapy — The University of Queensland

AWARDS & RECOGNITION

2025 Australia's Top Researcher in Pain and Pain Management — The Australian
2023 Health Services Research Award — Research Australia
2020 Excellence in Research Translation Award — University of Queensland
2016 Research Excellence Award — Griffith University
2009 Fellowship. Australian College of Physiotherapists. FACP

RESEARCH TRANSLATION & IMPACT

WhipPredict — Clinical Prediction Tool

Developed and validated WhipPredict, a clinical prediction tool for identifying individuals at risk of poor recovery following whiplash injury:

- Mandated by government compensation regulators in Queensland, New South Wales, Victoria and South Australia
- Embedded within injury management pathways of Allianz and Suncorp; used to guide care for >30,000 compensable injury claimants annually
- Foundation for risk-stratified care pathways implemented across compensation systems

Guidelines & Clinical Decision Support

- Lead developer, Whiplash Navigator — digital clinical decision support platform for whiplash-associated disorder management
- Lead author, national clinical practice guidelines for whiplash-associated disorders
- Research directly informed evidence-based policy and clinical care pathways in Australian compensation systems

SELECTED LANDMARK PUBLICATIONS

Total publications: >350 | H-index: 75 | Citations: >20,000. June 2026

Fundamental & Translational Pain Science

- Kosek, Clauw, Nijs, Baron, Gilron, Harris, Mico, Rice, **Sterling** et al. (2021). Chronic nociplastic pain affecting the musculoskeletal system: clinical criteria and grading system. PAIN 162(11):2629–2634. Citations: 681.
- Nijs, George, Clauw, Fernández-de-las-Peñas, Kosek, **Sterling** et al. (2021). Central sensitisation in chronic pain conditions: latest discoveries and their potential for precision medicine. Lancet Rheumatology 3(5):e383–e392. Citations: 626.
- Farrell, Kho, Lundberg, Cuéllar-Partida, **Sterling** et al. (2023). A shared genetic signature for common chronic pain conditions and its impact on biopsychosocial traits. Journal of Pain 24(3):369–386. Citations: 37
- Xie, Farrell, Armfield, **Sterling** (2024). Serum Vitamin D and Chronic Musculoskeletal Pain: a cross-sectional study of 349,221 adults in the UK. Journal of Pain 25(9):104557. Citations: 12
- Farrell, Armfield, Kristjansson, Niere, Christensen, **Sterling** (2025). Trajectories of cold but not mechanical sensitivity correspond with disability trajectories after whiplash injury. PAIN 166(6):1328–1342.Citations: 8

- Farrell**, Sterling**, Irving-Rodgers, Schmid (2020). Small fibre pathology in chronic whiplash-associated disorder: a cross-sectional study. European Journal of Pain. 24 (6), 1045-1057. Citations;24
- Ritchie, Hendrikz, Kenardy, **Sterling** (2013). Derivation of a clinical prediction rule to identify chronic moderate/severe disability and full recovery following whiplash injury. PAIN 154(10):2198–2206. Citations: 127.

Clinical Trials

- Michaleff, Maher, Lin, Rebbeck, Jull, Latimer, Connelly, **Sterling** (2014). Comprehensive physiotherapy exercise or advice for chronic whiplash (PROMISE): pragmatic RCT. Lancet 384(9938):133–141. Citations: 237.
- Jull, Kenardy, Hendrikz, Cohen, **Sterling** (2013). Management of acute whiplash: RCT of multidisciplinary stratified treatments. PAIN 154(9):1798–1806. Citations: 129.
- **Sterling**, Smeets, Keijzers, Warren, Kenardy (2019). Physiotherapist-delivered stress inoculation training integrated with exercise versus exercise alone for acute whiplash. British Journal of Sports Medicine 53(19):1240–1247. Citations: 125.
- Andersen, Ravn, Armfield, Maujean, Requena, **Sterling** (2021). Trauma-focused CBT and exercise for chronic whiplash with comorbid PTSD. PAIN 162(4):1221–1232. Citations: 38.

Implementation Science, Policy & Consensus Development

- Rebbeck, Bandong, Leaver et al. … **Sterling** (2023). Risk-stratified, guideline-based clinical pathway for whiplash injury (Whiplash ImPaCT). PAIN 164(10):2216–2227. Citations: 38.
- **Sterling**, Andersen, Carroll, Connelly, Côté, Curatolo et al. (2023). Core outcome measurement set for clinical trials in whiplash associated disorders. PAIN 164(10):2265–2272. Citations: 11
- Elphinston, Connor, de Andrade, Freeman, Chan, **Sterling** (2021). Impact of codeine policy change on prescription opioid-related emergency department presentations. PAIN. 162(4):1095-1103. Citations:9

SELECTED COMPETITIVE RESEARCH FUNDING (Current Funding)

Career Total: >AUD$50 million | Funders: National Health & Medical research Council Australia (NHMRC), Medical Research Future Fund (MRFF)

- NHMRC Investigator Fellowship, Leadership Level 3 (2027–2032), AUD$3.0M. the highest level of Australia's national health and medical research fellowship scheme.
- NHMRC Investigator Fellowship, Leadership Level 2 (2023–2027), AUD$2.3M
- NHMRC Centre of Research Excellence: Better Health Outcomes for Compensable Injury (Director and CIA), 2022-2027 AUD$2.5M
- NHMRC Synergy Grant — DISCERN (Disciplinary Integration to Solve the Enigma of Chronic Pain), CID 2023-2028 AUD$5.0M
- MRFF Clinical Trial — PRioRTI (Preventing Chronic Pain after Whiplash Road Traffic Injury), CIA 2024-2029 AUD$2.3M
- MRFF Clinician Researcher Grant — Integrated Psychological and Physical Care after Road Traffic Injury, CIA 2024-2028 AUD$1.5M
- MRFF Novel Treatments for Chronic Pain — The OPTIMISE Feasibility Trial: OPTIMIsing treatment of chronic pain after whiplash injury using StressModEx, CIA 2026-2029 AUD $450,000
- Motor Accident Insurance Commission Qld. Core funding. Recover Injury Research Centre. CIB 2025-2029. AUD$2.5M

RESEARCH HIGHER DEGREE SUPERVISION

24 completed PhD and Research Masters candidates | 6 current PhD candidates
Graduates hold academic, clinical, and research leadership positions across Australia, Europe and North America.

Completed graduates: A. Chien (2009), J. Uthaikup (2009), C. Lewis (2011), R. Dunne (2011), S. Kamper (2011), E. Lim (2013), T.S. Ng (2014), A. Smith (2014), A. Eather (2015), G. Oddsdottir (2015, Univ. of Reykjavik), J. Kelly (2018), K. Jaber (MSc, 2018), A. Bandong (2020), D. Carey (2020), R. Waller (2020), S. Lykkegaard (2019, Univ. of Southern Denmark), N. Ohtlaff (2022), B. Adjala (2024), V. Silva (2024), P. Butler (2026)

Current candidates: Irene Huang, Nayomi Ranathunga, Leone Bennett, Junze Chen, Chloe-Emily Eather, Shamini Kosgallana