

## **Pain Management Program**

### **MISSION STATEMENT**

Our goal is to provide the highest quality care available by utilizing proven physical and psychological methods to reduce pain and increase mobility and functioning with the patients we treat. The policies and procedures outlined below help us to provide quality outcomes for our patients. We are committed to helping people aim for healthier, more productive lives by managing their pain and incorporating proper body mechanics and energy conservation techniques into every day life.

### **PHILOSOPHY**

Pain is the most common symptom that brings a patient to a physician's office. Pain is usually a physiologic consequence of tissue injury and serves as a vital protective function to prevent further injury or debilitation.

Pain can be defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, with affective and cognitive response."

Pain patients are often misperceived as exaggerating, taking advantage of the system, and/or addicted to narcotics. We understand that the vast majority of patients simply need help. We endeavor to create a safe, supportive environment in which the patient feels that their pain is validated. This enables us to reduce the stigma associated with chronic pain, bypass any defensiveness and focus on recovery.

We realize that unremitting pain and the constant stress, which accompanies it, can greatly interfere with a patient's quality of life. We know it can disrupt and sometimes eliminate normal daily activities.

Our goal is to deliver cost effective healthcare to our patients from a multidisciplinary approach. This team approach will help to maximize the patient's progress and teach them how to maintain an increased quality of life with minimal discomfort.

### **INTERDISCIPLINARY AND MULTIDISCIPLINARY APPROACH**

Our pain program is a comprehensive, full-service pain program specially designed to provide the most advanced resources for the treatment and management of Chronic Pain.

Our highly qualified staff of pain specialists focuses on both the physical and psychological aspects of a patient's pain condition. While pain relief is one of our goals, it is not always 100% attainable for the chronic pain patient. Our focus is on helping patients to accept and manage their pain, increase their strength and endurance and return to a functional, productive lifestyle.

Because chronic pain is a complex problem including a combination of physical, psychological and social factors, it often requires a multifaceted solution. We utilize an interdisciplinary approach to evaluate and treat each patient's comprehensive physical and psychological needs.

## **PROGRAM STAFF**

A team of health professionals facilitates the pain management program. This team includes (but is not limited to) your treating physician, physical therapist and/or occupational therapist, certified aquatic therapist, psychologist, licensed professional counselors, licensed social worker and you.

As an active team member, you will be involved in developing and assessing progress towards your personal treatment goals. Daily activities will include:

1. Flexibility and stretching exercises
2. Strengthening exercises
3. Cardio-vascular endurance training
4. Functional interventions
5. Chronic pain management educational classes
6. Group therapy
7. Relaxation training
8. Individual counseling sessions

Your program will be coordinated and supervised by your program director and all therapists/staff in each discipline involved in your plan of care.

## **PROGRAM GOALS**

The Pain Management Program is designed to meet the needs of individuals in chronic pain. We endeavor is to achieve the best results for patients through a comprehensive treatment program, which enhances the recovery process. To accomplish these results, we have established the following primary goals of our treatment programs:

1. To help patients progress toward a safe return to normal activities of daily living and to resume the most functional, independent and productive lifestyle possible.
2. To increase the patient's general level of strength, mobility, muscular, and cardio-vascular endurance.
3. To educate patients concerning their injury and to help them live within their physical limitations to prevent re-injury.
4. To provide a comprehensive evaluation and assessment in conjunction with the patient's primary physician.
5. To develop a patient tailored physical and psychological treatment plan. All available data will be considered in the development of the patient's chronic pain program. Weekly goals and activities will be established with the help of the patient to encourage their full cooperation and participation in the healing process.

6. To eliminate the origin of the patient's pain when possible while at the same time helping them to accept and cope with any continued pain.
7. To teach patients to function despite their continued pain and to raise their threshold of discomfort.
8. To decrease the patient's dependency on medication for pain when appropriate and to substitute healthier non-opioid pain management techniques.
9. To return patients to gainful employment.

## PROGRAM MODALITIES

Multidisciplinary treatment modalities provided while in the program may include the following:

1. **Medication Evaluation and Management** – our program incorporates physician recommended medications to reduce pain levels and enable patients to actively participate in exercising to improve their daily functioning. Medications will also help to patients to establish adequate sleep patterns, to reduce depression, and to decrease anxiety, which are often barriers to successful rehabilitation. Our goal is to help patients titrate medication, substitute non-opioid coping strategies and whenever possible become opioid free. Our onsite medical director will provide consultation to the treating physician as requested to help the patient become less dependent on opioid medication.
2. **Exercise** – this modality helps patients to improve their strength, flexibility, active range of motion, and endurance through stretching, cardio-vascular, and weight lifting activities. Exercise also increases the natural endorphins (painkillers) and neurotransmitters (antidepressants) in the brain.
3. **Aquatic Therapy** – this modality provides low impact physical conditioning to assist in muscle strengthening and increased flexibility.
4. **Individual Psychotherapy** – this modality will help the patient to accept and manage their pain; deal with the trauma associated with a catastrophic injury, complete the grieving process related to their physical loss and develop realistic expectations concerning their intractable pain. Individual therapy will assist the patient in expressing him/herself directly to avoid channeling his/her feelings into somatic complaints. Individual treatment will also provide the patient with feedback regarding their performance as well as providing an opportunity to refine their individualized treatment goals.
5. **Pain Management Group Treatment** – Group psychotherapy will assist the patient in learning new ways to manage their pain from other individuals who suffer from a similar disability in a safe, open atmosphere. Examples of relevant group topics include setting realistic limits to avoid re-injury, the importance of returning to work as a method of distracting the mind from continuous pain, assertiveness training, anger management, stress management, and cognitive restructuring techniques for reducing pain exacerbating negative thinking.
6. **Vocational testing/counseling** – Individuals are provided with state of the art vocational testing and consultation. This counseling helps the patient to explore new employment options while taking their physical limitations into account. Patients will explore educational and employment opportunities and will be offered direction in obtaining the skills necessary to achieve the goal of returning to gainful employment.

7. **Interdisciplinary Case Conference** – The chronic pain management team will meet weekly to coordinate care and to develop weekly treatment goals for each patient. Patients are provided with information and feedback concerning their performance as well as giving them an opportunity to have input into their treatment plan and to provide feedback to help us to serve them better.
8. **Hypnotherapy** – this modality provides the patient with training on how to relax and to reduce muscle tension despite intractable pain. This treatment will enhance sleep as well as reduce the perception of pain. We have state of the art equipment as well as treatment staff with expertise in hypnotherapy.

## **TREATMENT METHODS**

Each patient undergoes an initial assessment by professionals who specialize in pain control; some of which include a physical therapist, a mental health professional, a physician, or a chiropractor. A pain management plan is then individually tailored and a multidisciplinary treatment program is developed for each patient. The treatment program may include the following professional and modalities:

1. Physical therapy
2. Occupational therapy
3. Psychology
4. Vocational Counseling
5. Nutrition
6. Personal Trainers
7. Hypnotherapy
8. Educational Groups
9. Relaxation Training
10. Medication Management
11. Case Management

### **Multidisciplinary Chronic Pain Management Program:**

This program is a multidisciplinary treatment approach to the management of the patient's pain through physical therapy, psychotherapy, and occupational therapy. The patient is provided with a comprehensive diagnostic evaluation including physical and psychological testing to determine the patient's needs. Modalities to be provided include medication management consultations, physical therapy, occupational therapy, aquatic therapy, psychological treatment, group counseling sessions, stress management training, coping skills training, self-hypnosis training, relaxation training, vocational assessment, and career counseling.

The multidisciplinary pain management program is provided over four to six weeks with an in-depth treatment protocol emphasizing the independent management of the patient's chronic pain. In this program, we help the patient learn how to manage their pain and increase their functioning to enable them to return to gainful employments as well as to return to a higher level of recreational and social activity.

## **Psychological/Behavioral Management of Pain:**

Psychological treatment is emphasized in our chronic pain program to treat psychological, emotional, social, and personality factors which interfere with the patient's ability to cope with pain. These underlying psychological concerns often reduce compliance with post surgical restrictions, which could lead to a poor surgical outcomes or re-injury, necessitating additional surgical intervention. In addition to post-surgical compliance, the behavioral medicine program addresses any patient tendency toward unrealistic expectations concerning the medical profession. Frequent patient misperceptions include an expectation of a complete recovery following surgical intervention, an anticipation of total pain relief, and a hope that they will make a full recovery and return to their prior level of physical functioning. The program also addresses patients with pain extending beyond the primary intervention phase of 0-3 months who continue to demonstrate significant impairment in their daily functioning and failure to return to work and/or progress adequately in their healthcare treatment. Additional reasons for referral to the behavioral pain management program include evaluating and treating the patient's propensities towards overuse of Opioid medication or tendency to self medicate with alcohol or nonprescription drugs. Psychological intervention also assesses any tendency toward symptom exaggeration, malingering or secondary gain associated with a patient's injury that may lead to unconscious resistance to treatment.

## **Physical Management of Pain**

When an individual experiences pain, their natural protective response is to immobilize the injured body part to avoid additional trauma. This instinctual reaction helps to allow the damaged tissue to heal. If the pain continues after the tissue has healed, the patient may become sedentary and avoid exercise due to fear of re-injury. This lack of movement leads to muscle guarding and constant bracing. The affected tissue then stiffens and the ligaments and muscles become weak. This interferes with proper functional mobility. The roll of physical therapy is to help the patient regain use of the painful part of their body. This is accomplished through stretching the muscles and ligaments to improve flexibility. Once the patient has begun to regain mobility, physical endurance and conditioning exercises are stressed to help the patient regain an active lifestyle. The patient is provided with a custom made program which addresses both their loss of muscle tone and deconditioning. Patients are instructed in proper body mechanics to avoid re-injury. Toward the completion of their therapy, they are also offered training concerning a self-directed fitness program and need for an ongoing healthy lifestyle including exercise, proper nutrition and maintaining a healthy weight. Sometimes the patient is unable to progress toward the activities listed above due to the intensity of their pain swelling, muscle spasms, or tenderness. If these conditions exist, the following modalities are administered as appropriate:

1. TENS units
2. Heat and cold modalities
3. Electrical Stimulation
4. Massage
5. Myofascial Release
6. Therapeutic Exercise

7. Educational Materials
8. After Care Programs

## **THE EXPERIENCE OF PAIN**

The first thing that many patients tell us when they realize they have been referred to program involving a psychologist is that “the pain is not in my head”. While it is clear that chronic pain is not fake or imagined pain, the reality is that all pain is in our heads. The experience of pain is created in the brain. For example, individuals suffering from a phenomenon called: phantom limb pain” have the sensation of discomfort in a limb that no longer exists. The brain can create the sensation of pain even when there is no signal from an injured part of the body. Therefore, it makes sense to attempt to control pain by retraining the mind.

## **EFFECTS OF CHRONIC PAIN**

Unlike most injuries and disease processes, chronic pain does not follow the normal course of treatment or recovery. When we are sick or injured, the normal course of treatment is to go to bed and heal. Chronic pain does not respond to inactivity. Patients who suffer from chronic pain enter a pain cycle in which they decrease activity in an effort to decrease their pain condition. Long-term inactivity results in muscle weakness and depletion of oxygen to the muscles, resulting in painful muscle spasms, and atrophy. This decrease in activity also has a negative psychological impact including a decline in social contacts, isolation from friends and work associates, and a tendency to focus on the pain condition. Chronic also results in a loss of self-worth, an increase in feelings of depression, stress, anxiety and physical tension. Patients are often frustrated by the lack of a cure by medical science. When the condition persists despite the best efforts of physicians and the patient, chronic pain sufferers often become depressed and disillusioned with the medical profession. Many patients feel that their physician does not believe that they are suffering. The patient begins to become more and more focused on the sensation of pain and suffering instead of coping with their disability and learning how to return to productive lives.

The patient’s family is also affected by chronic pain. The chronic pain sufferer is often more irritable due to their inability to participate in previous family activities. Financial status often changes dramatically with the patient’s inability to work and resulting reduction in income. Family relations are often strained and the patient becomes increasingly isolated and alone. Sexual interest wanes due to pain and depression and marriages frequently collapse. All of these factors increase the patient’s subjective pain experience and pain disability.

## **PAIN MEDICATIONS**

Pain medications are effective for short-term management of a medical condition. These drugs are often prescribed following a surgical procedure or immediately after an injury. Over an extended period of time these medications may have negative side effects, which cause harm to the human body. After a short period of time, these drugs also may lose their effectiveness due to

our body's development of something called "tolerance". Our nervous system produces natural pain reducing chemicals called neurotransmitters (examples are "endorphins" and "Serotonin"). Many pain-reducing drugs (Opioids) interfere with our natural pain suppressing chemicals or they produce "tolerance" which makes our own neurotransmitters ineffective. Exercise, activity, psychological treatment increase the effectiveness of our natural pain suppressing chemicals.

**Treatment goals:**

1. Reduction of pain
2. Increase in strength and flexibility
3. Decrease or eliminate the need for pain medications
4. Increase in psychological control of pain
5. Decrease in psychological stress and physical tension
6. Reduction of pain-reinforcing behaviors
7. Increase in physical exercise and activity
8. Return to pre-morbid activity as much as possible

**INITIAL EVALUATION AND TREATMENT PLAN**

An initial evaluation will be performed to assess psychological and physical functioning. The psychological evaluation assesses the patient's experience of pain, the related emotional stress, and any factors, which may be contributing to their condition. Psychological testing is administered to fully evaluate the patient's level of psychological distress, the impact of this distress on their physical condition, and to assist in the development of a treatment plan. The treatment plan will be determined by the patient's diagnosis and symptoms and is likely to include individual psychotherapy, group treatment, family therapy and self-hypnosis training for pain management.

Physical assessment will include a licensed physical therapist and occupational therapist to evaluate the patient's functional status. These therapists will consult with the prescribing physician to formulate an individualized treatment plan according to the patient's needs based on their diagnosis, symptoms and outcome goals.

**RESULTS OF TREATMENT**

During the first two weeks of a physical therapy program, many patients experience a temporary, heightened sense of physical discomfort as their muscles become readjusted to increased activity levels. However, with a return to an active lifestyle, comes an improvement in strength and physical ability, a heightened sense of control and a decrease in pain perception. Most chronic pain sufferers never become completely pain free. However, through consistent, daily exercise, relaxation training, and a positive outlook, they can learn to cope with their chronic pain, return to many of their activities of daily living, resume gainful employment, and experience an improved quality of life.

## TREATMENT OPTIONS

Individual and family psychotherapy are recommended for those individuals who are having difficulty coping with their pain condition and would like to learn self-hypnosis techniques to assist them in managing their pain. Treatment of medical patients often includes problems with depression, substance abuse, marital issues, sexual dysfunctions and behavioral management of health concerns such as weight control and nicotine dependency. Treatment of anxiety disorders and chronic pain often require hypnotherapy as well as providing patients with emotional support for the psychological trauma associated with a catastrophic illness or injury (such as an automobile or work-related accident). Marital and family therapy are also important to help the family in coping with their loved one's chronic pain or medical condition.

For those individuals who are unable to work of function in their daily routine, a more intensive chronic pain program is recommended. This program will provide specialized comprehensive, physical and psychological treatment to individuals suffering from chronic pain. Their treatment plan will assist them in breaking the chronic pain cycle and in returning to gainful employment. Because chronic pain does not follow any on pattern of symptoms or treatment, an interdisciplinary treatment approach and individualized treatment plan is developed. In a chronic pain program both the physical therapy component and the psychological component are emphasized. A chronic pain program is developed to improve strength and conditioning and to reduce physical as well as psychological stress. As physical endurance improves, the patient will return to normal daily activities, which will further enhance their recovery and experience of well-being.

## CANDIDATES FOR CHRONIC PAIN TREATMENT

Chronic back pain	Reflex sympathetic dystrophy
Chronic neck pain	Phantom limb pain
Post laminectomy pain	Peripheral nerve trauma/Neuropathy
Chronic muscle strain	Stomach ulcers, gastrointestinal difficulties
Migraine and tension headache	Bruxism
Temporomandibular joint dysfunction	Raynaud's disease
Atypical facial pain	Any patient with chronic pain who is a non-surgical candidate