



# Center for Pain Recovery Chronic Pain Program

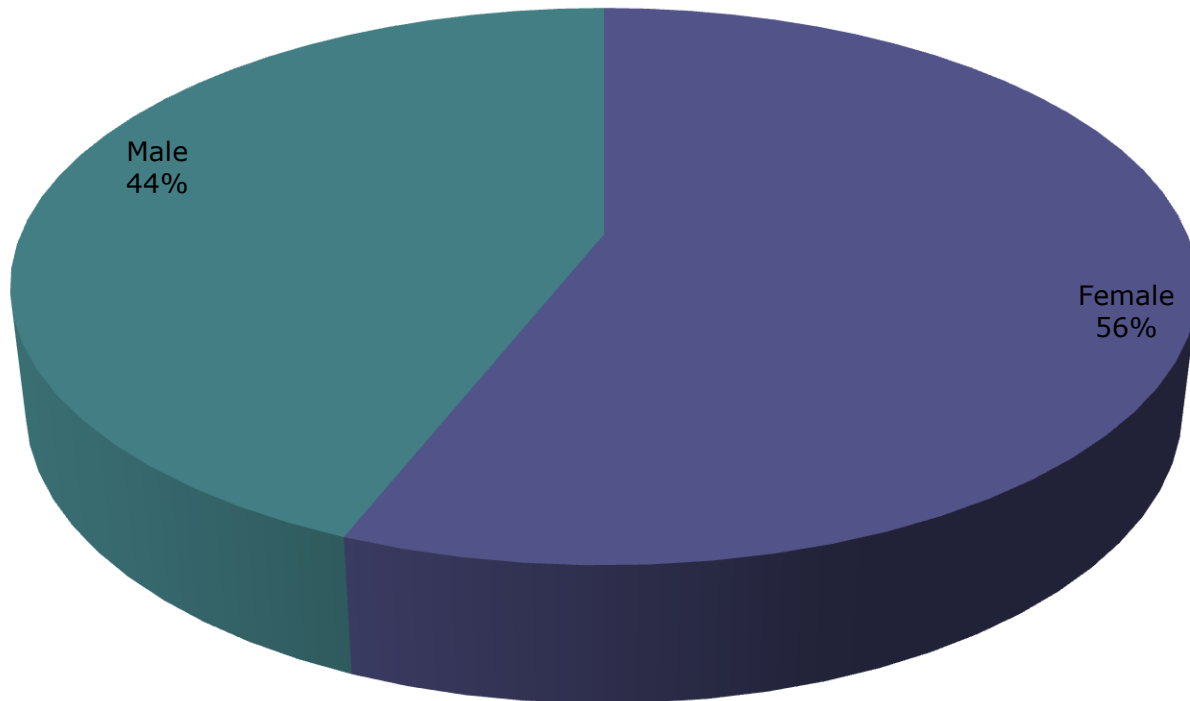
Initial Program Evaluation Report  
Performance Improvement Plan  
November 1, 2008 through June 30, 2009

Mark D. Barhorst, M.D., Medical Director  
Barry F. Bass, M.D.

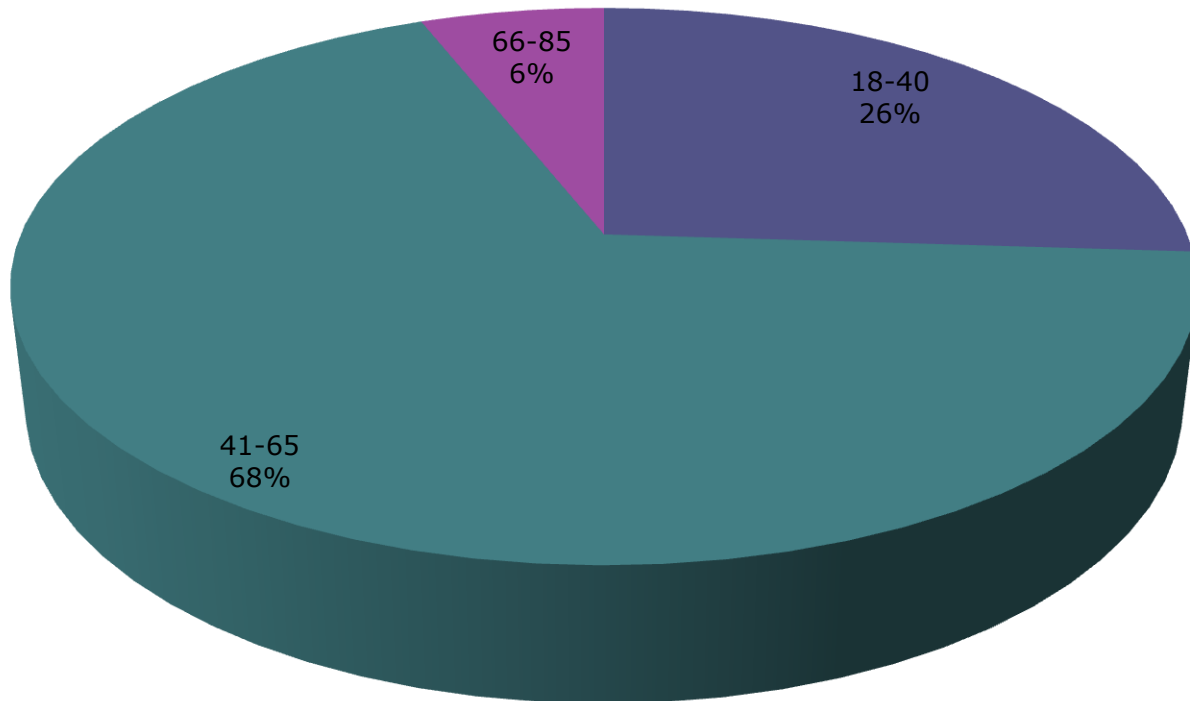


# Demographic Information

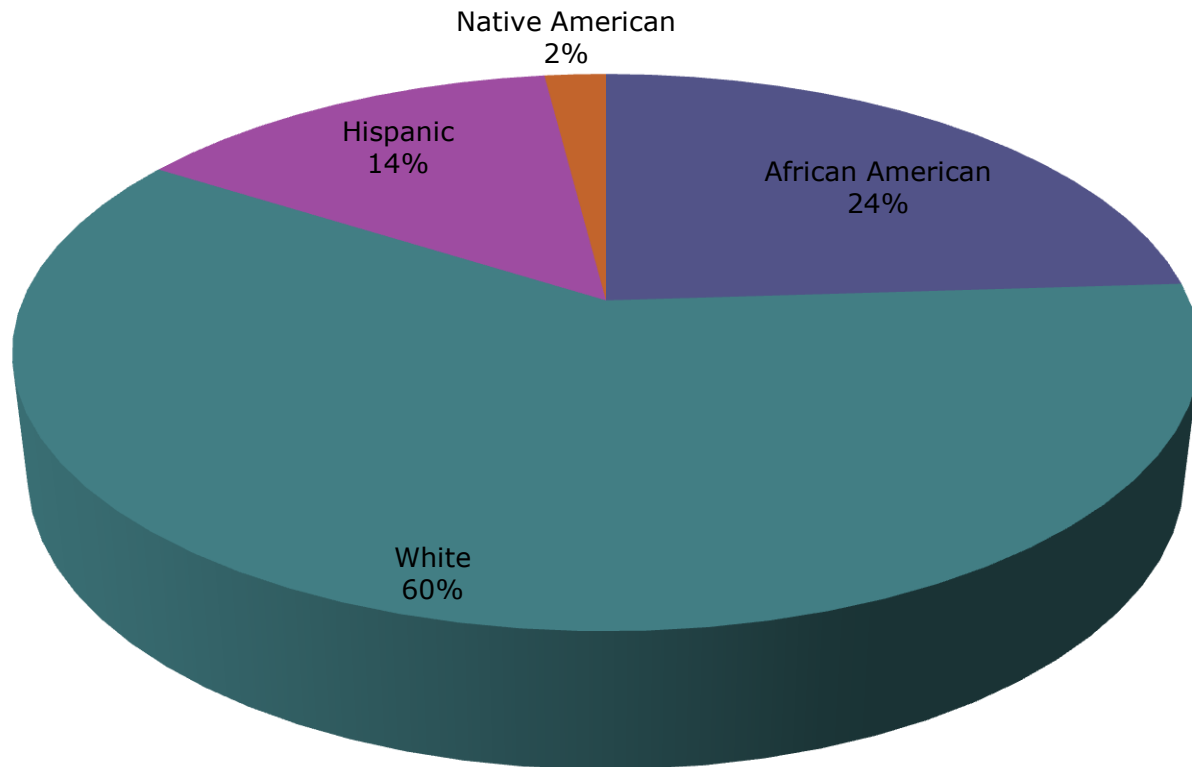
# Gender



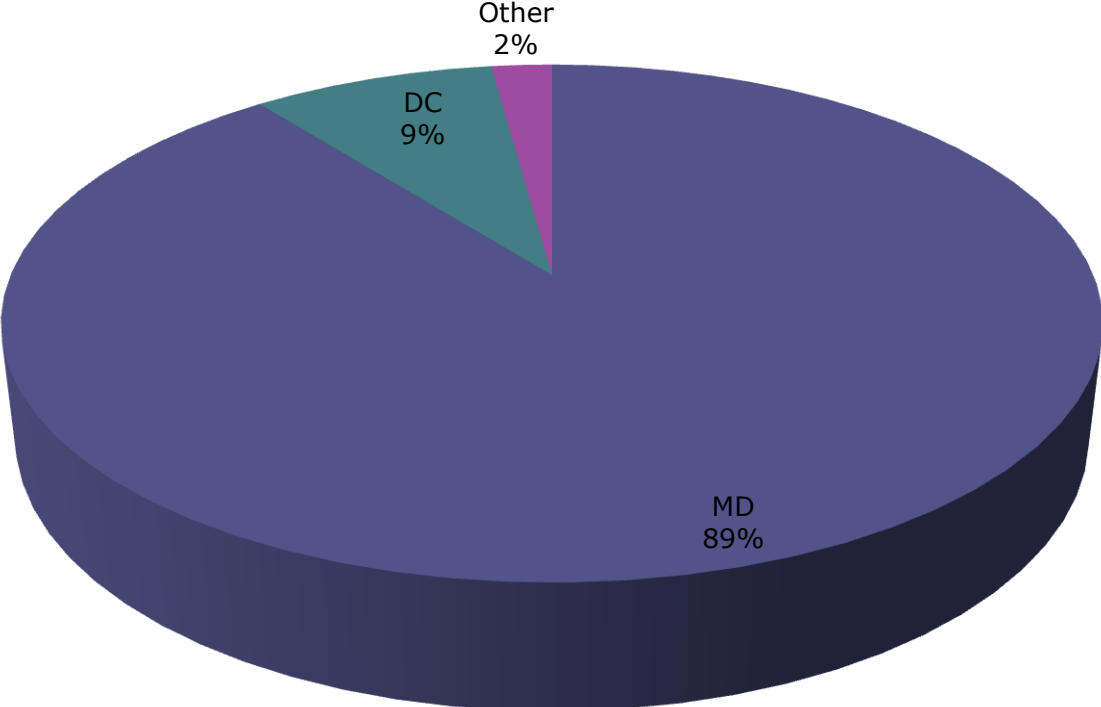
# Age



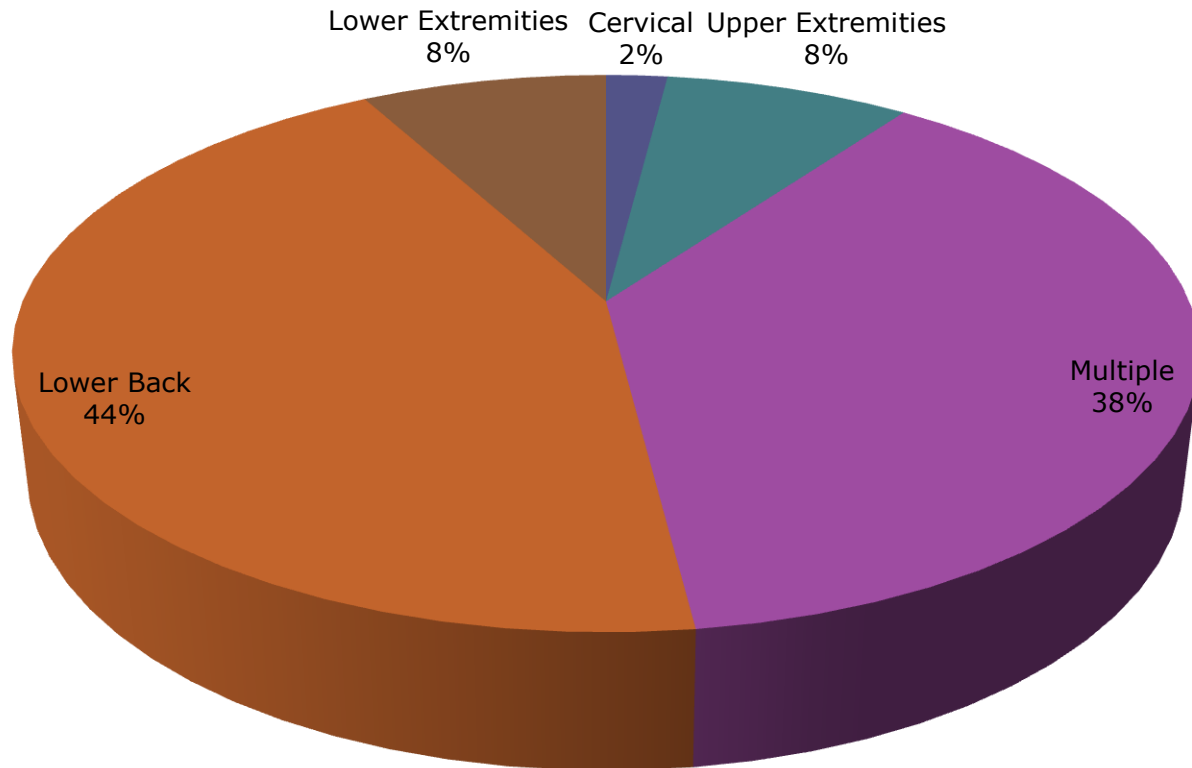
# Ethnicity



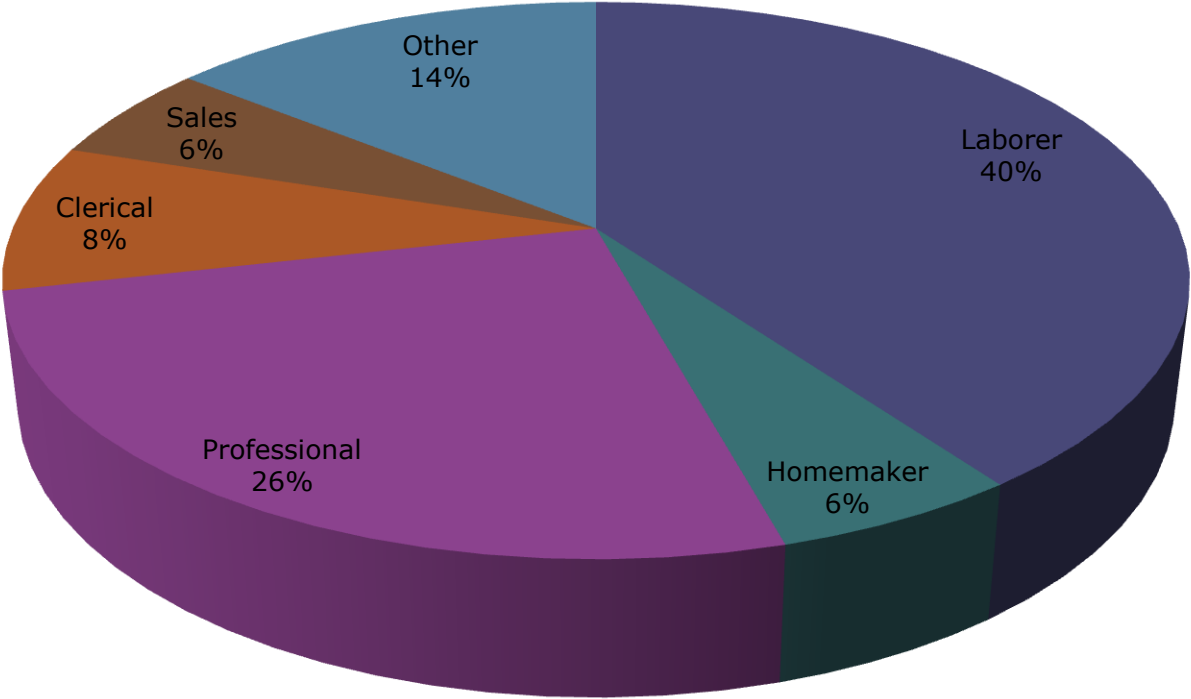
# Referral Source



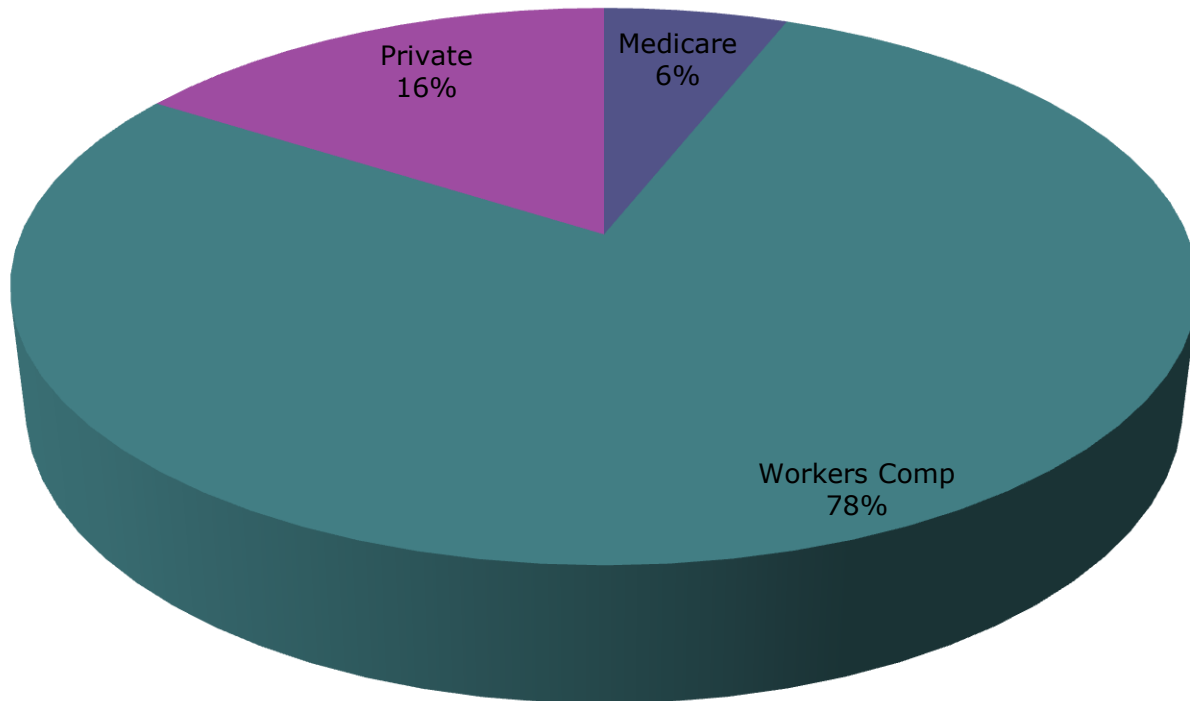
# Pain Originator



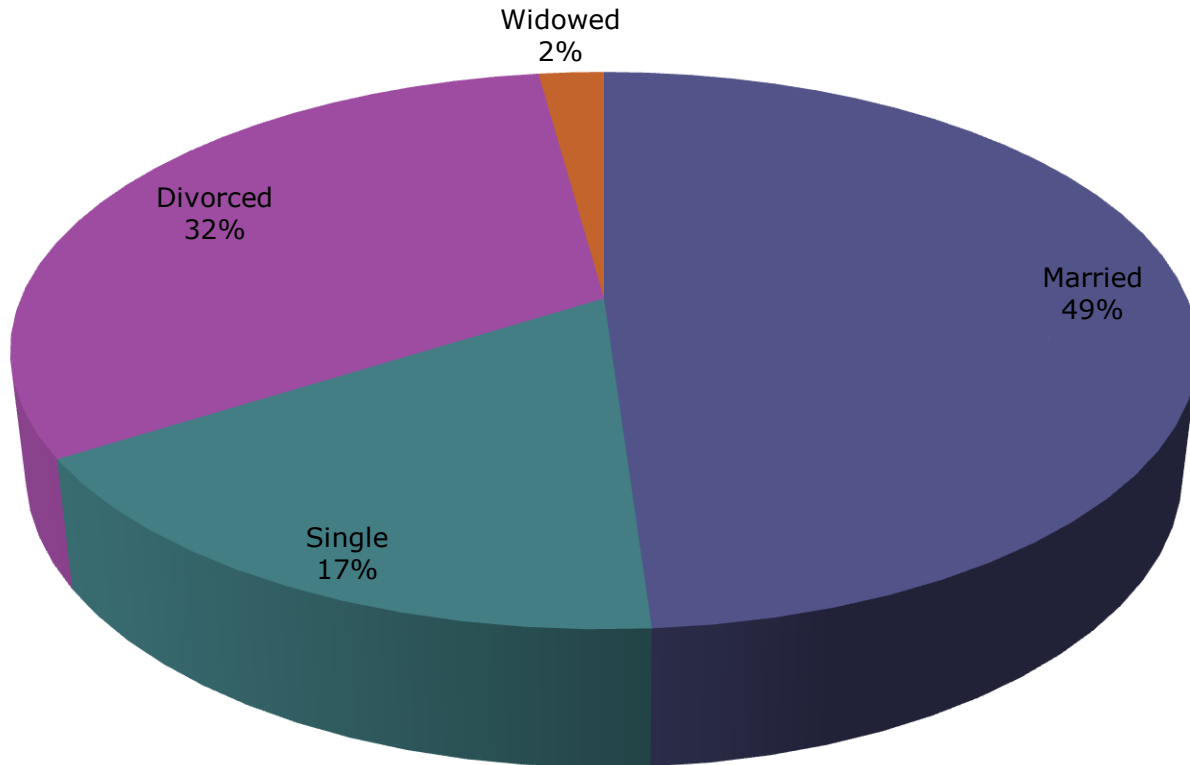
# Occupation



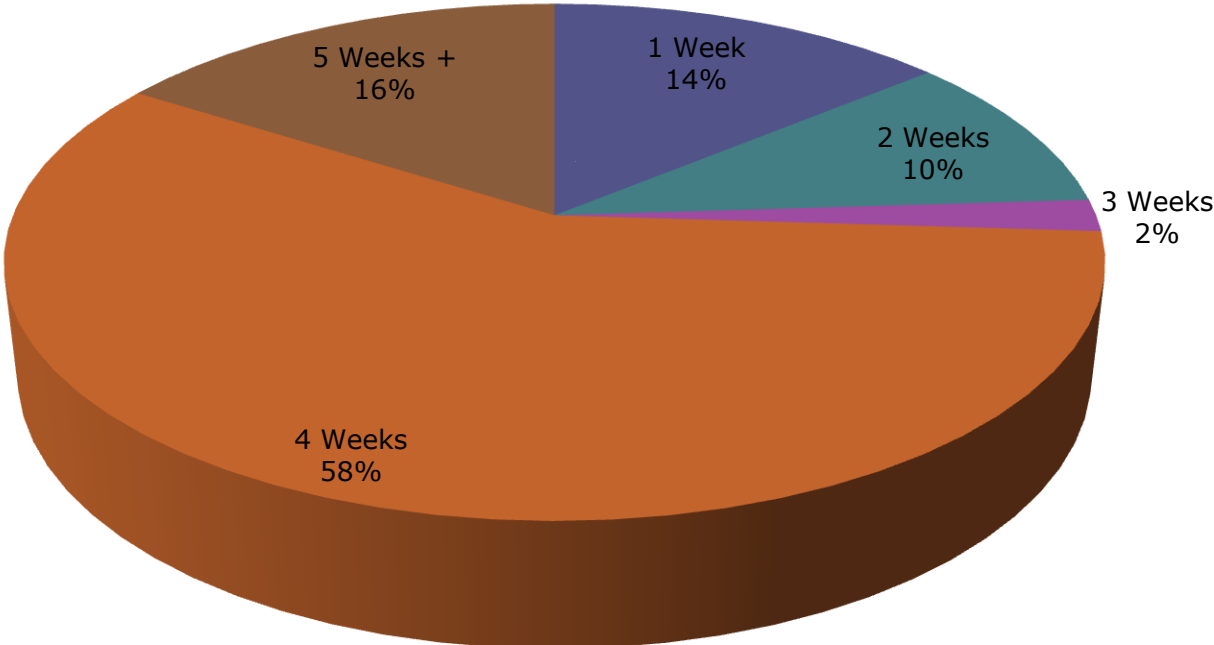
# Payor



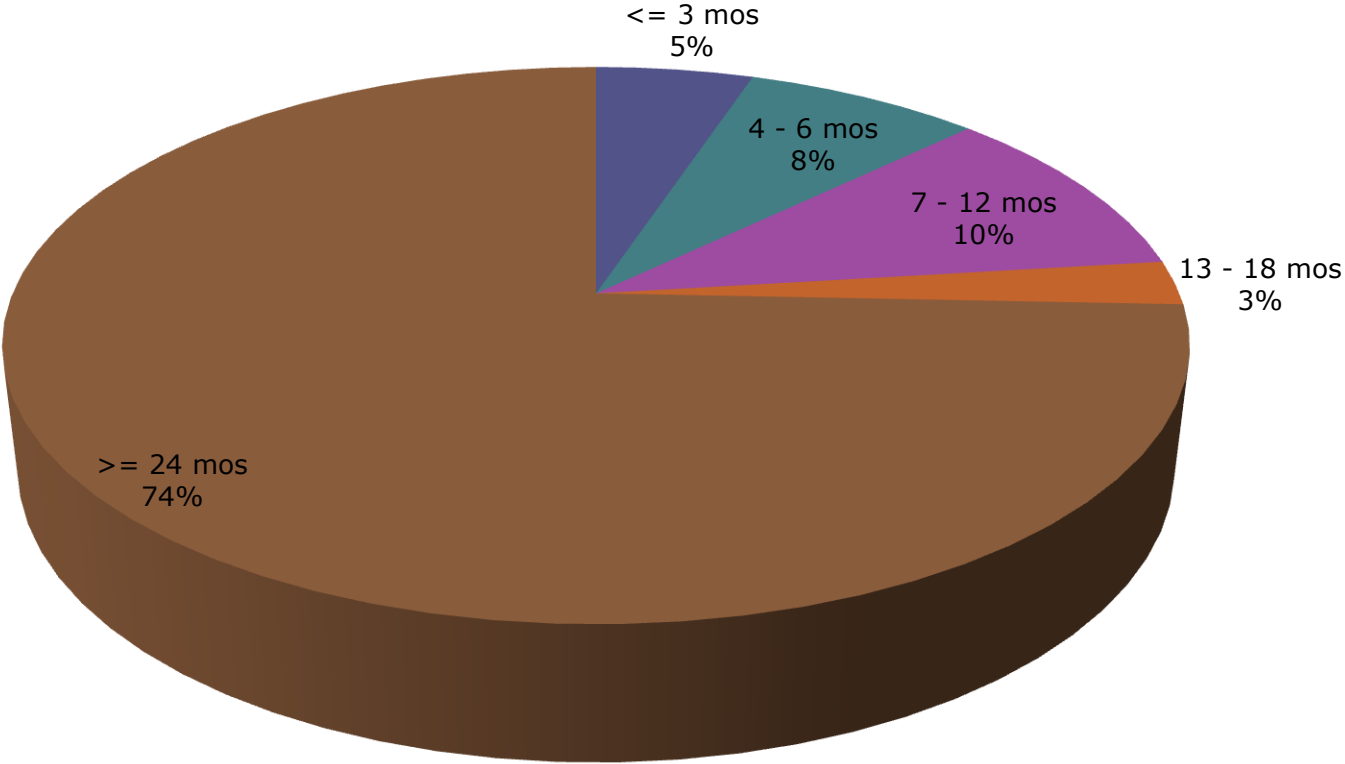
# Marital Status



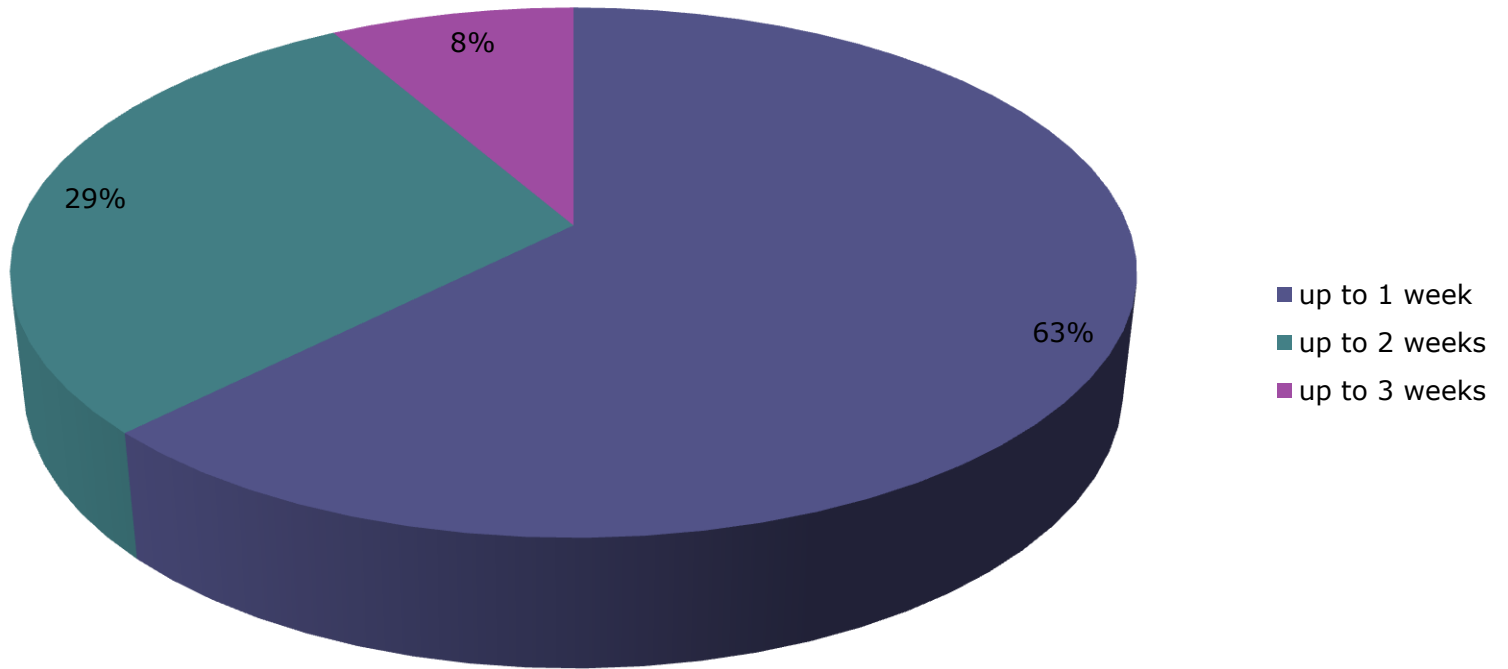
# Length of Time in the Program



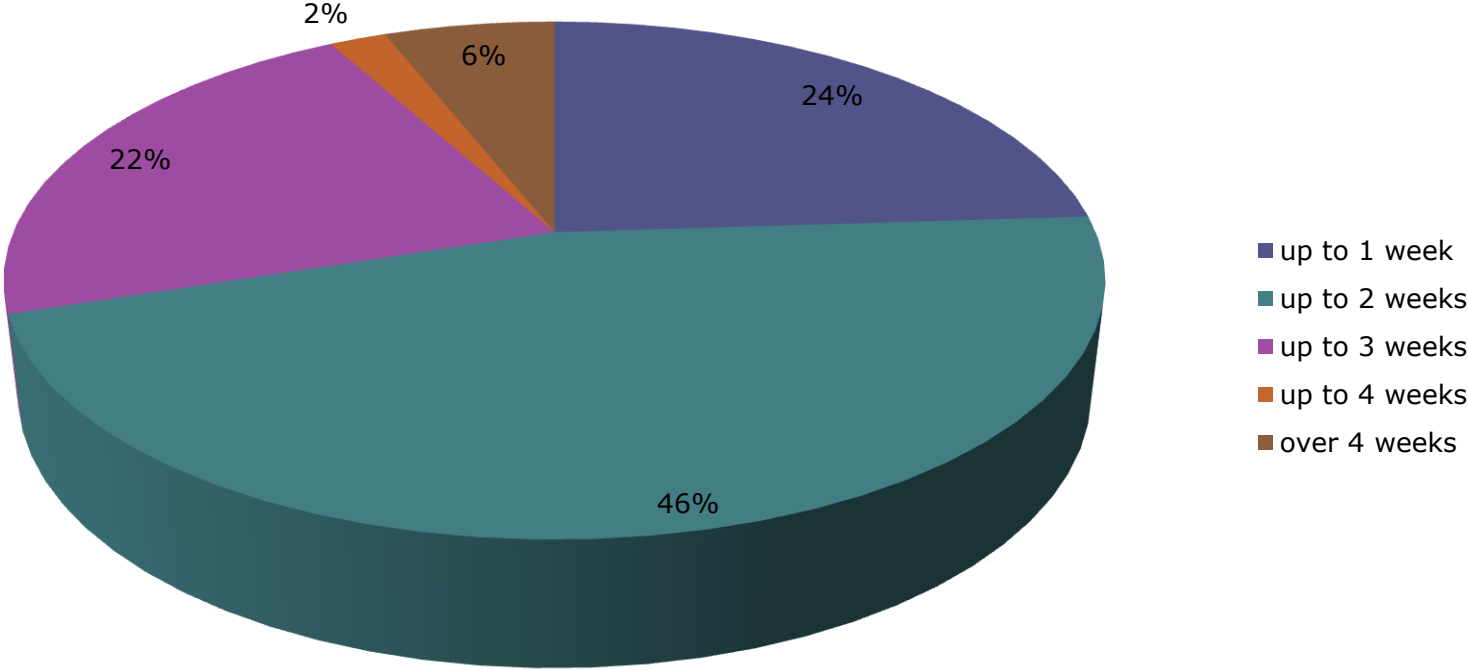
# Lost Time From Work



## Time from Referral to Intake



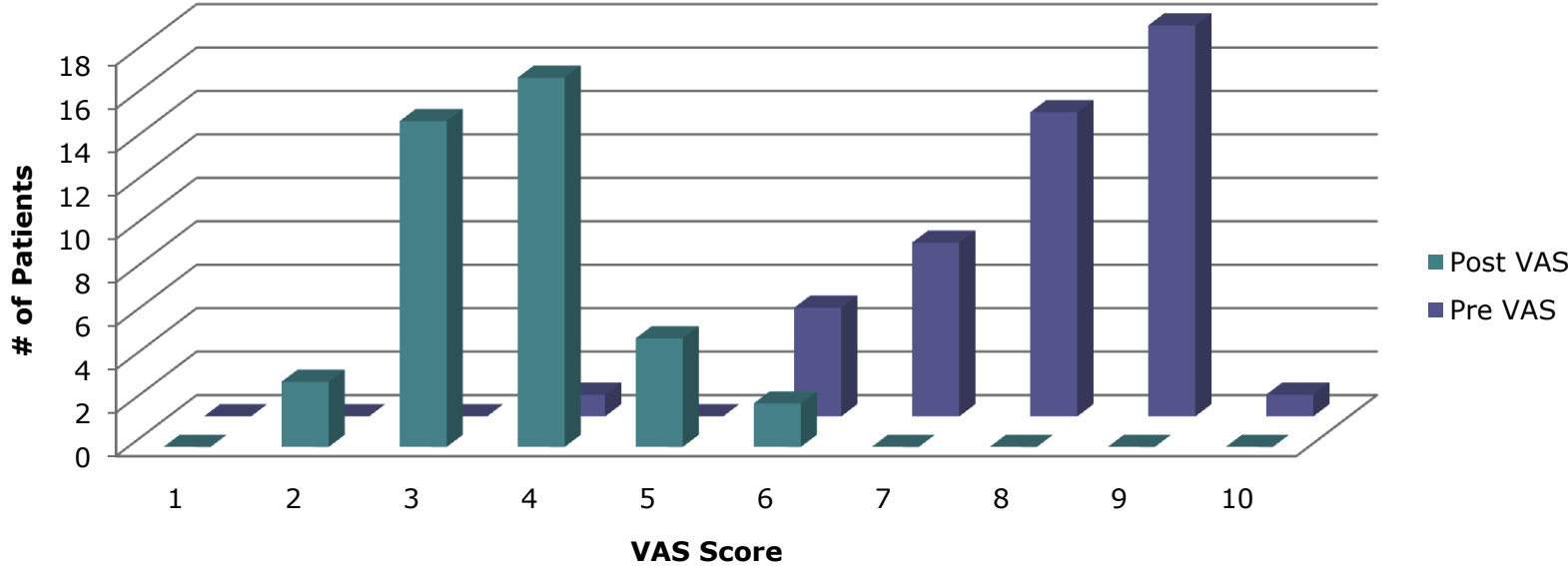
# Time from Assessment to First Treatment



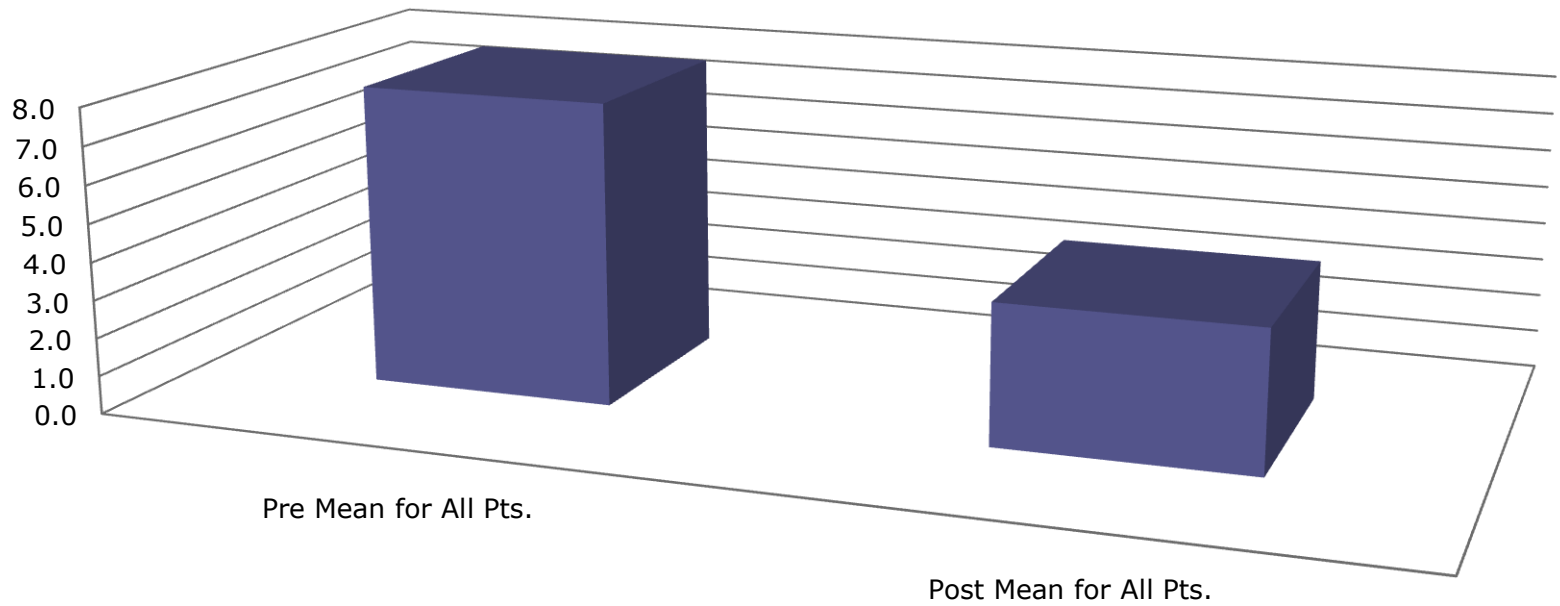


# Clinical Outcome Data Initial Report

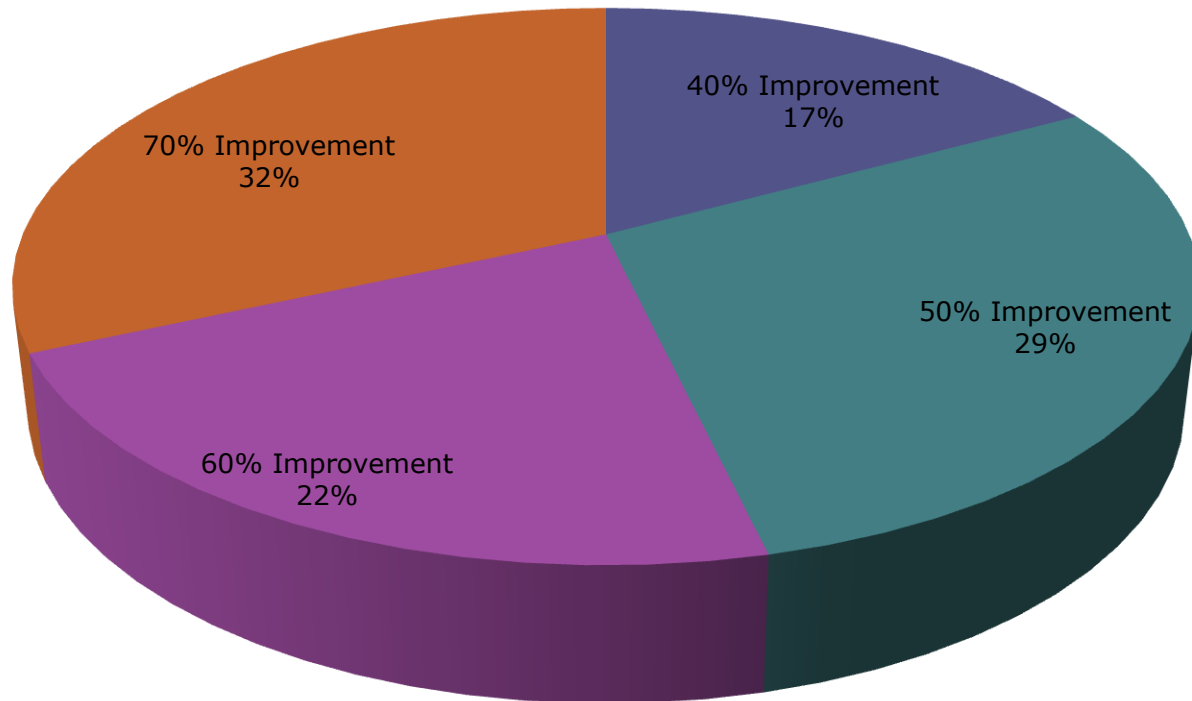
# VAS Scores



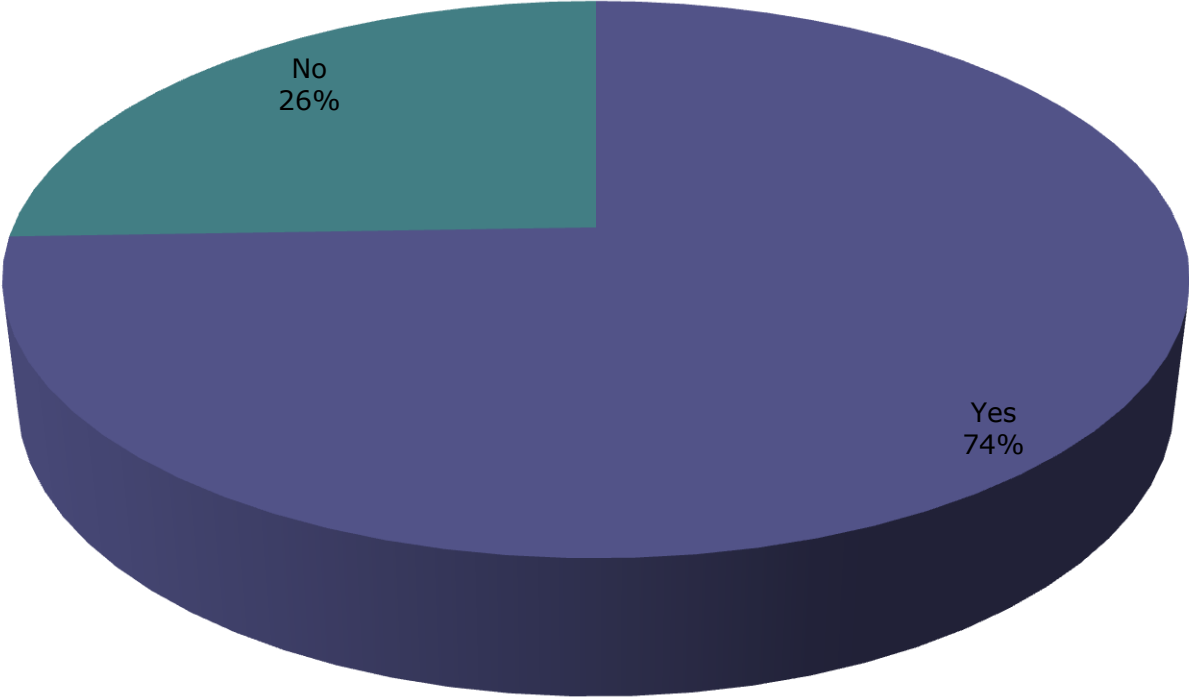
## VAS Mean Pain Level Change Intake to Discharge



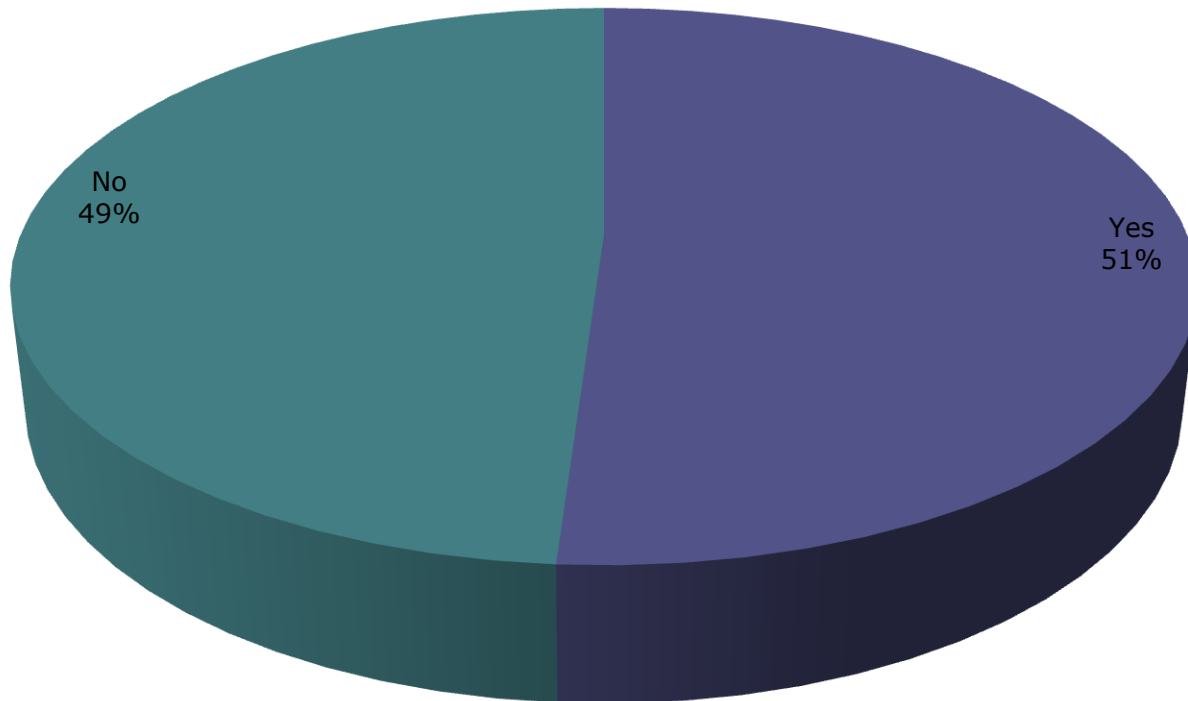
## Pain Control from Admission to Discharge



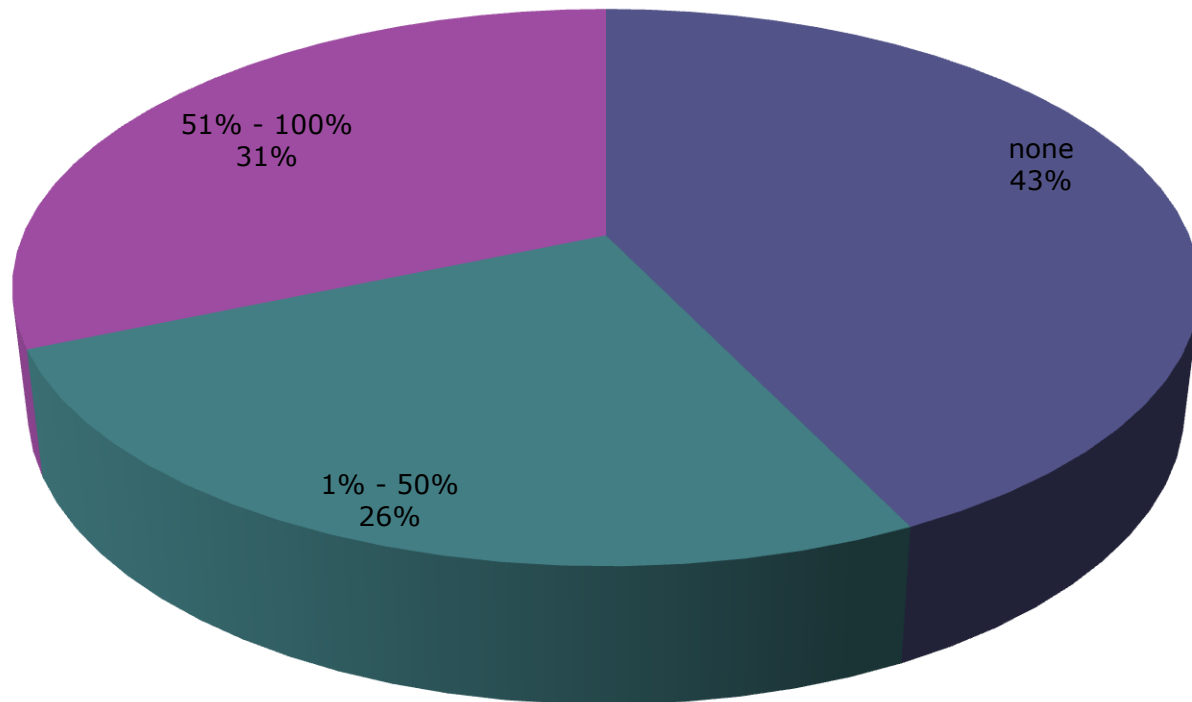
# Narcotics at Admission



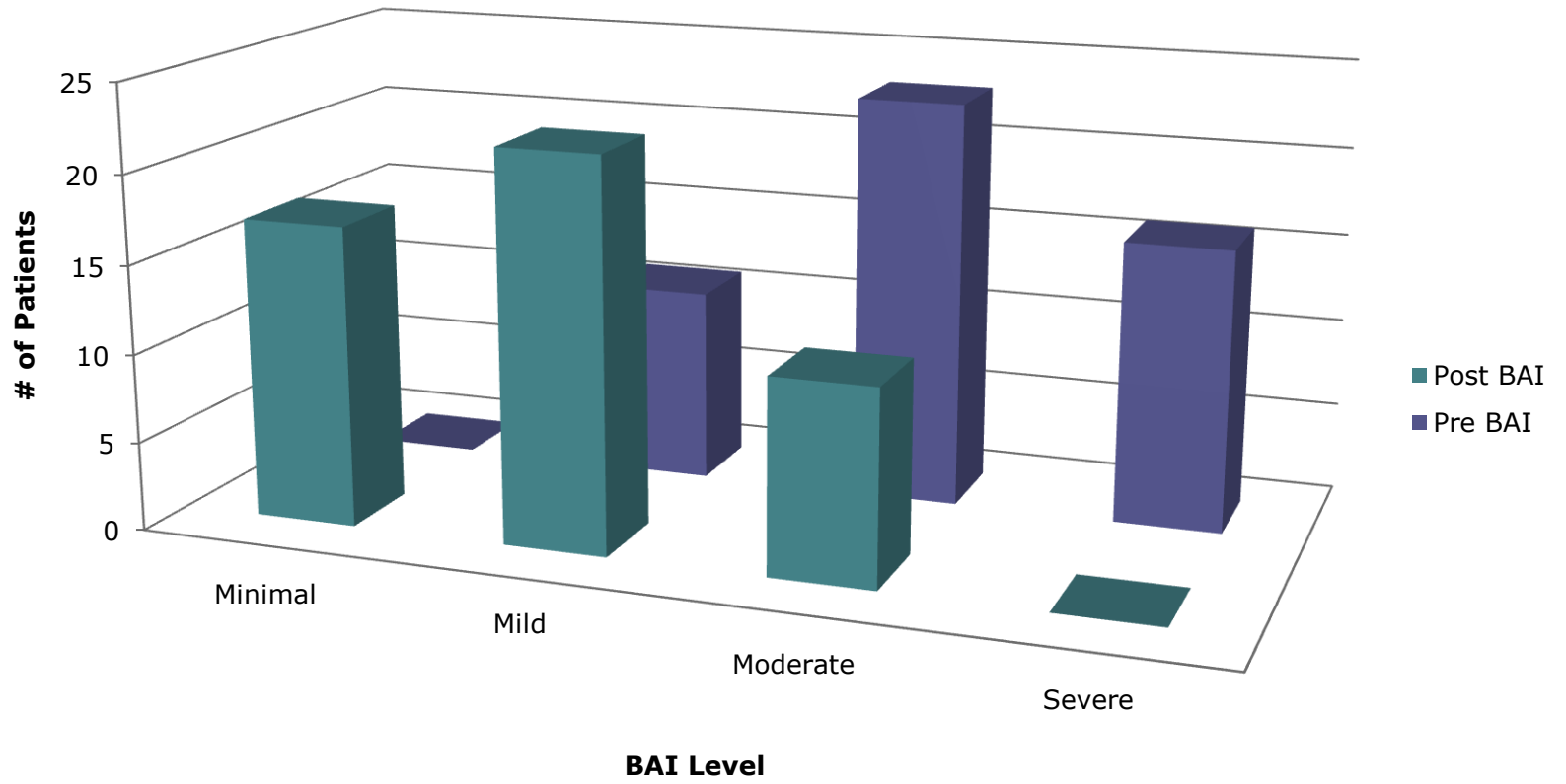
## Narcotics at Discharge



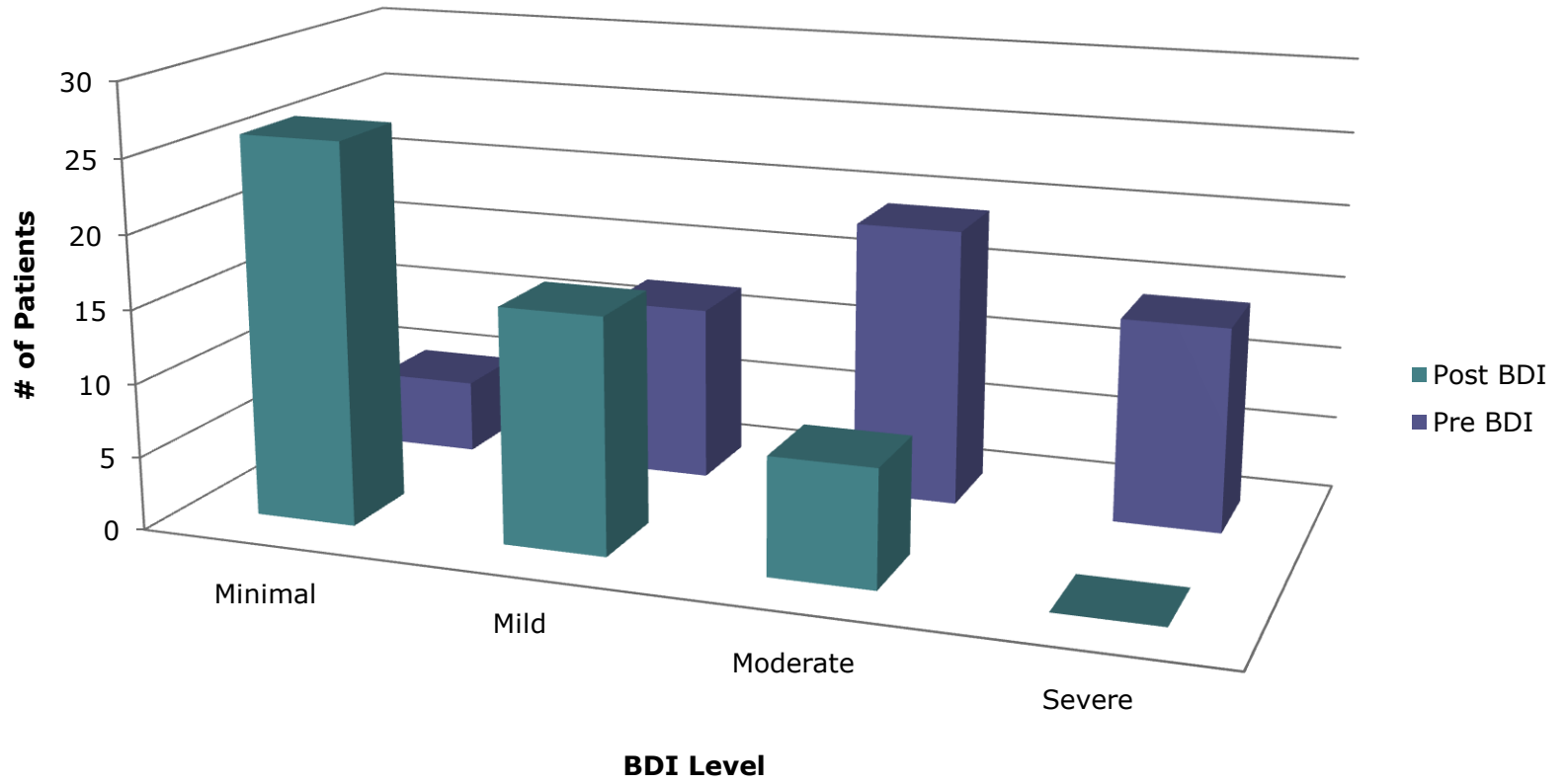
## Med Reduction



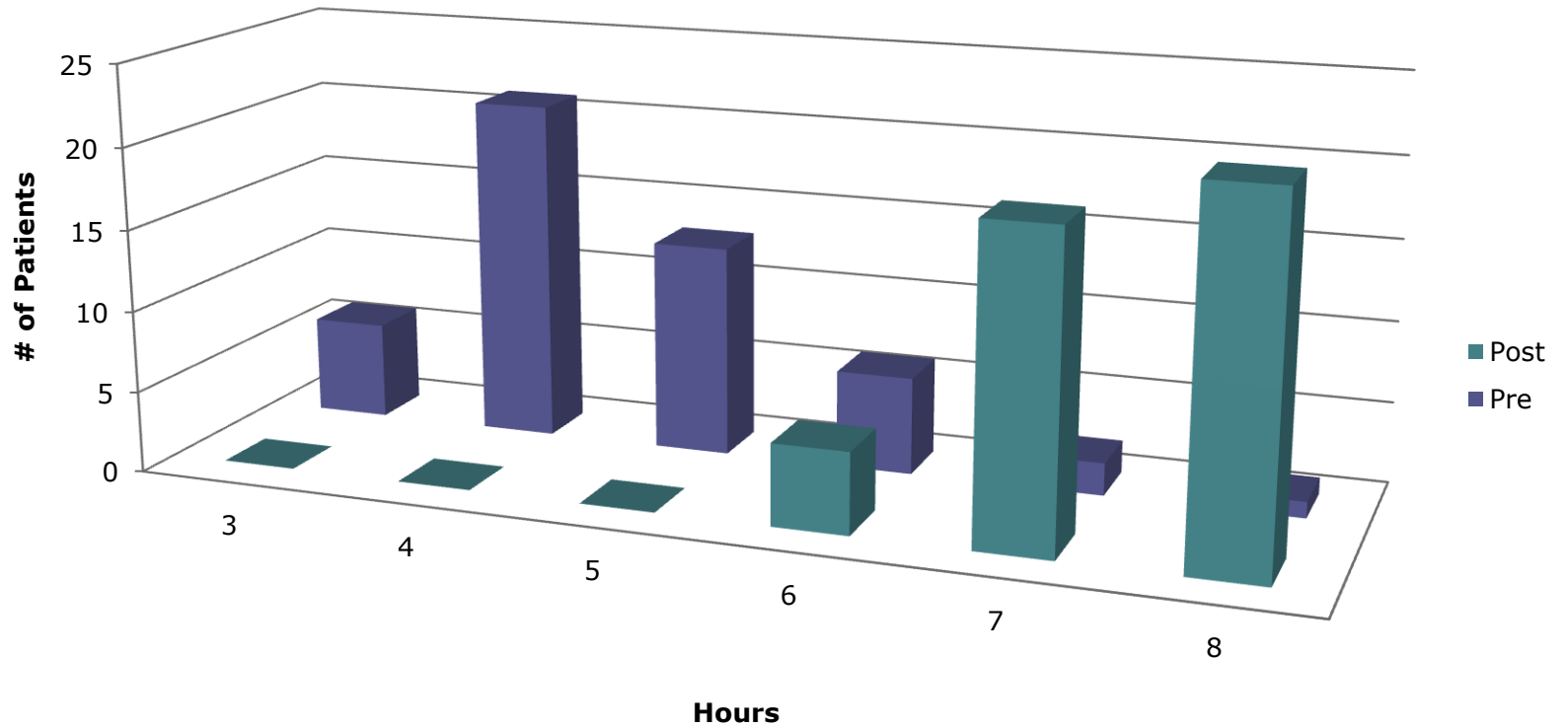
## BAI Level



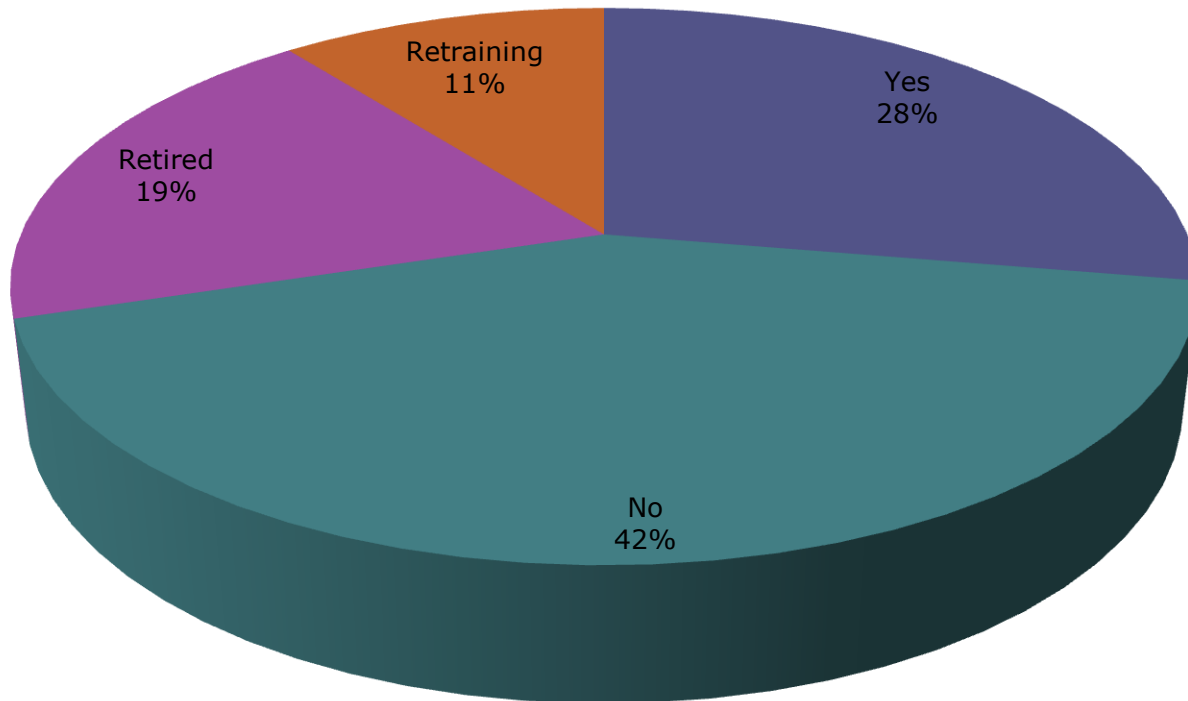
# BDI Levels



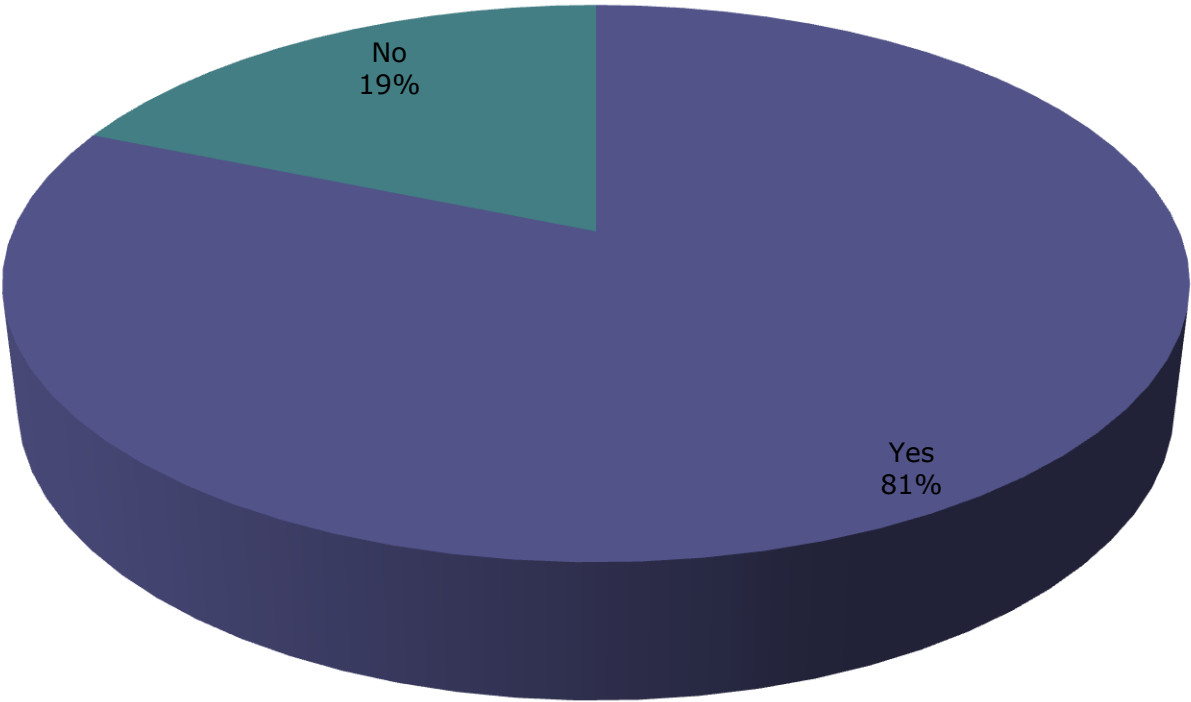
# Amount of Sleep



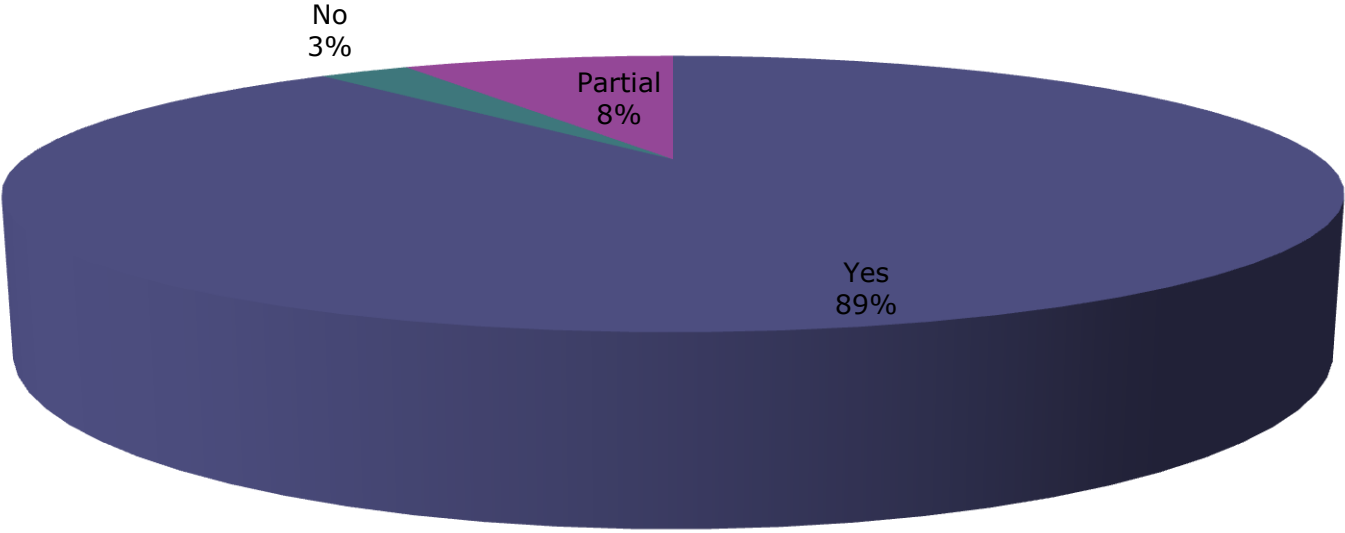
## Return to Work at Discharge



# Oswestry Score Improvement



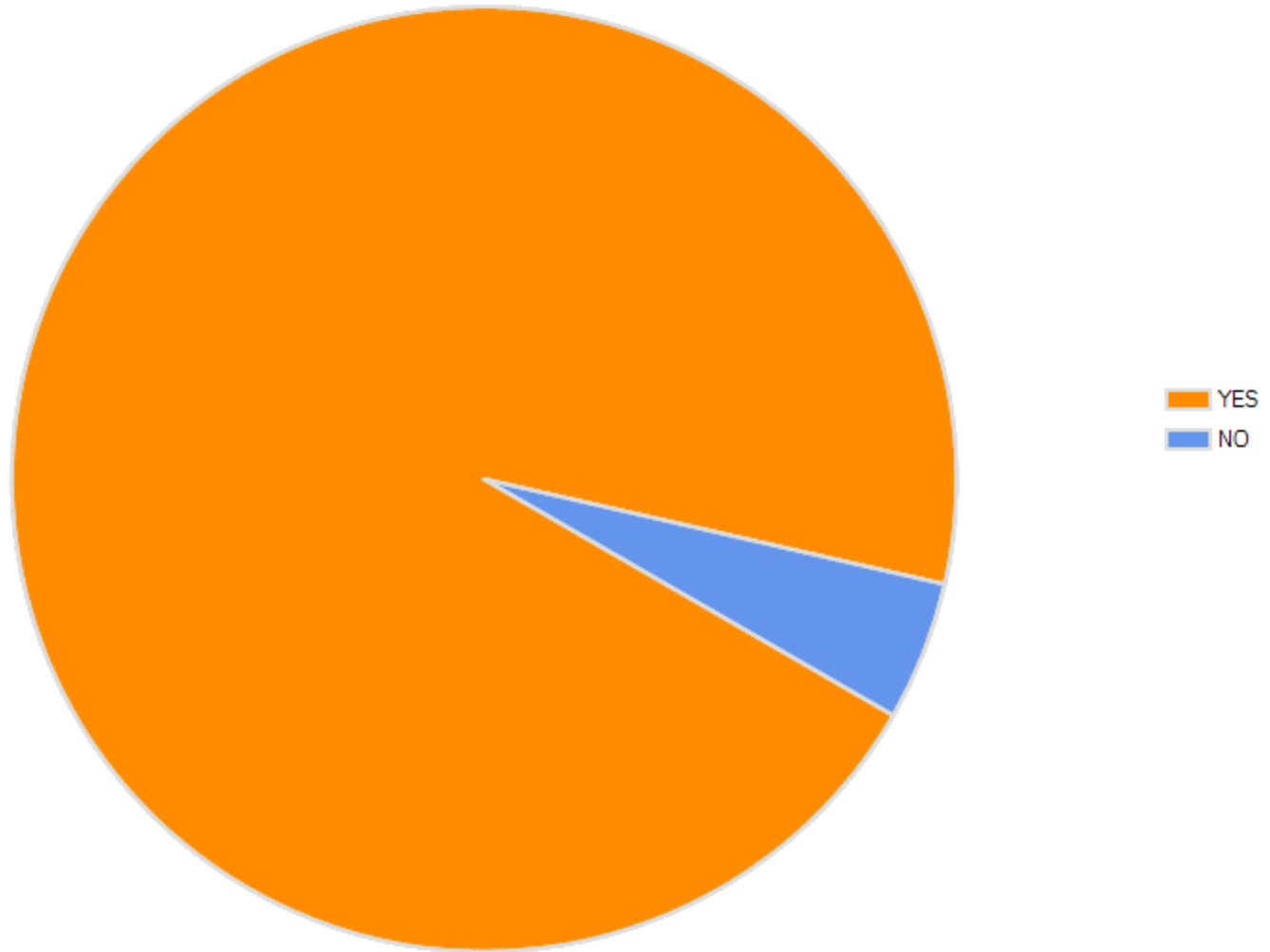
# Physical Therapy Goals Met



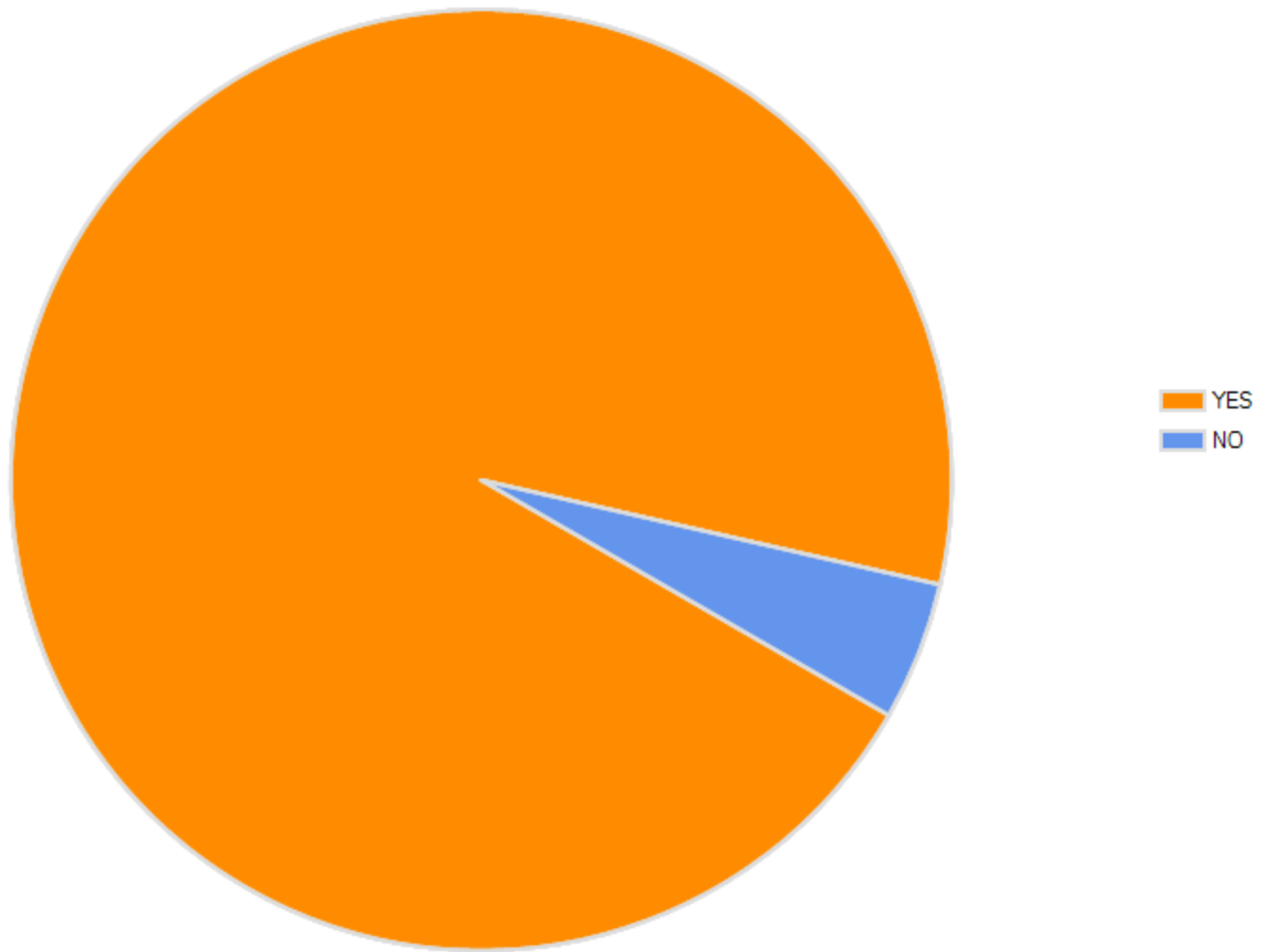


# Three Month Follow-Up Survey

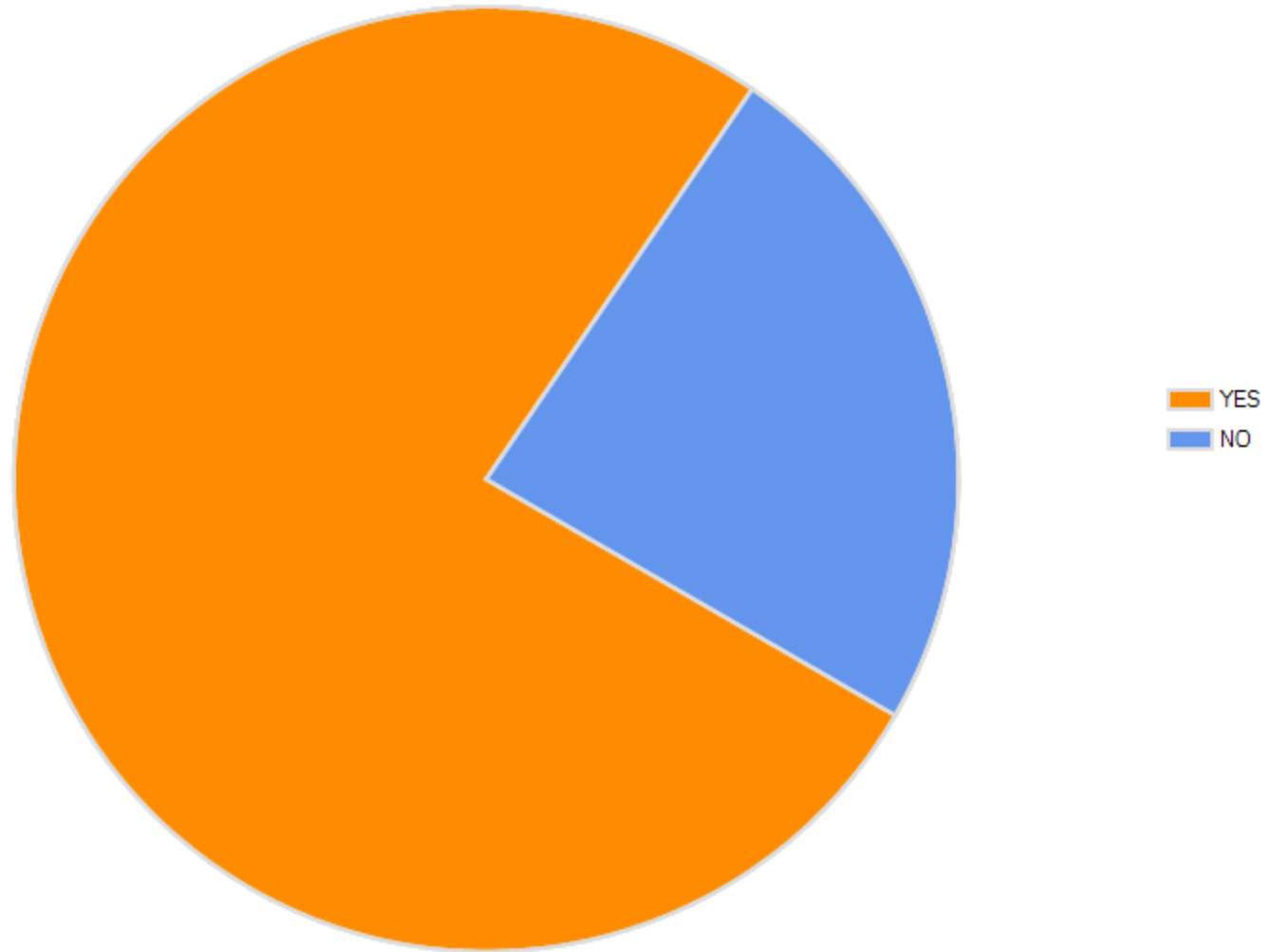
**ARE YOU CONTINUING TO USE YOUR PAIN MANAGEMENT TECHNIQUES  
LEARNED WHILE IN THE PROGRAM?**



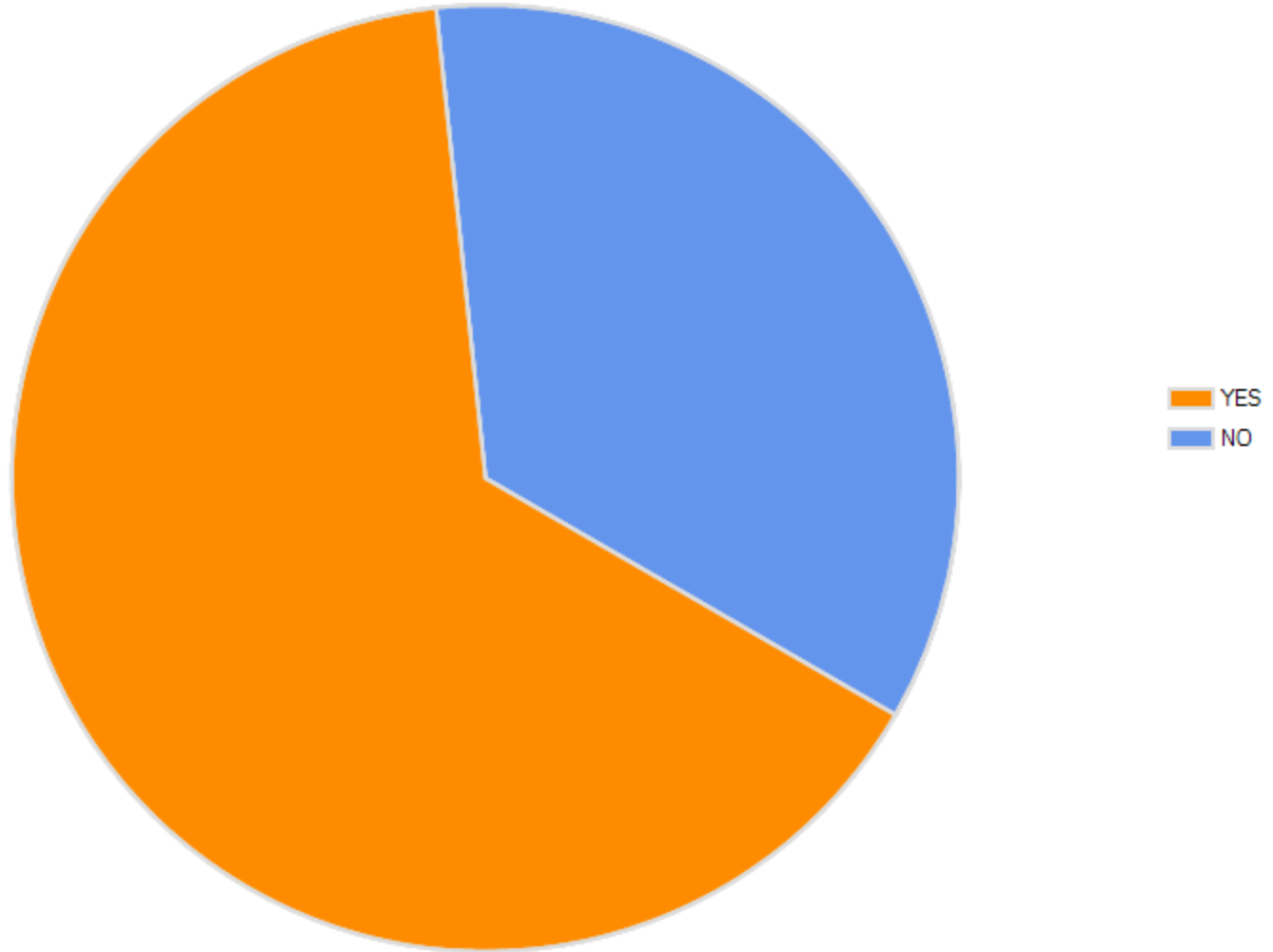
**HAVE YOUR FUNCTIONAL ABILITIES IMPROVED SINCE COMPLETING THE PAIN PROGRAM?**



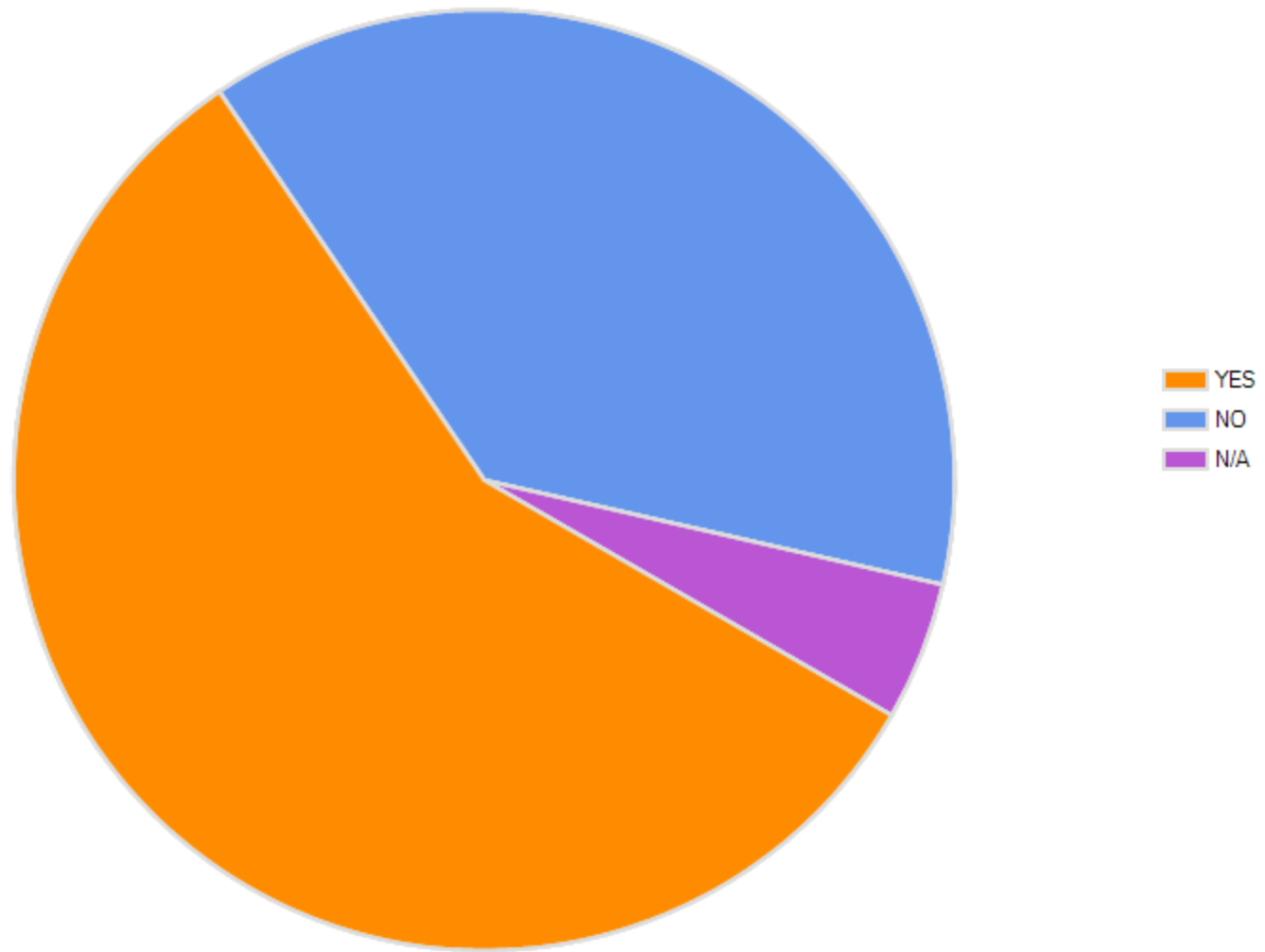
**ARE YOU LESS RELIANT ON YOUR PHYSICIANS NOW, THAN BEFORE YOU STARTED THE PAIN PROGRAM?**



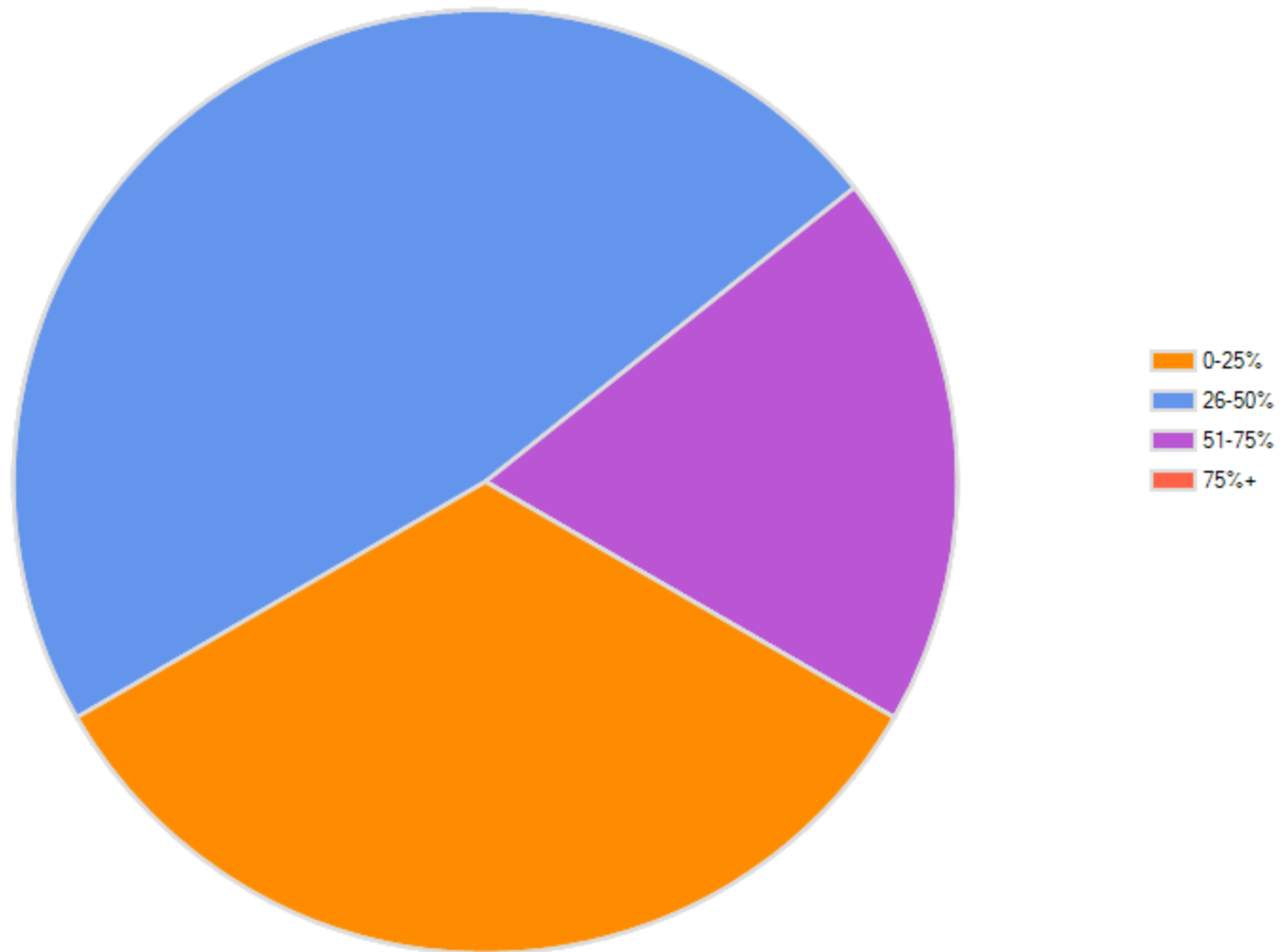
**ARE YOU USING LESS PAIN MEDICATION THAN YOU WERE PRIOR TO THE PAIN MANAGEMENT PROGRAM?**



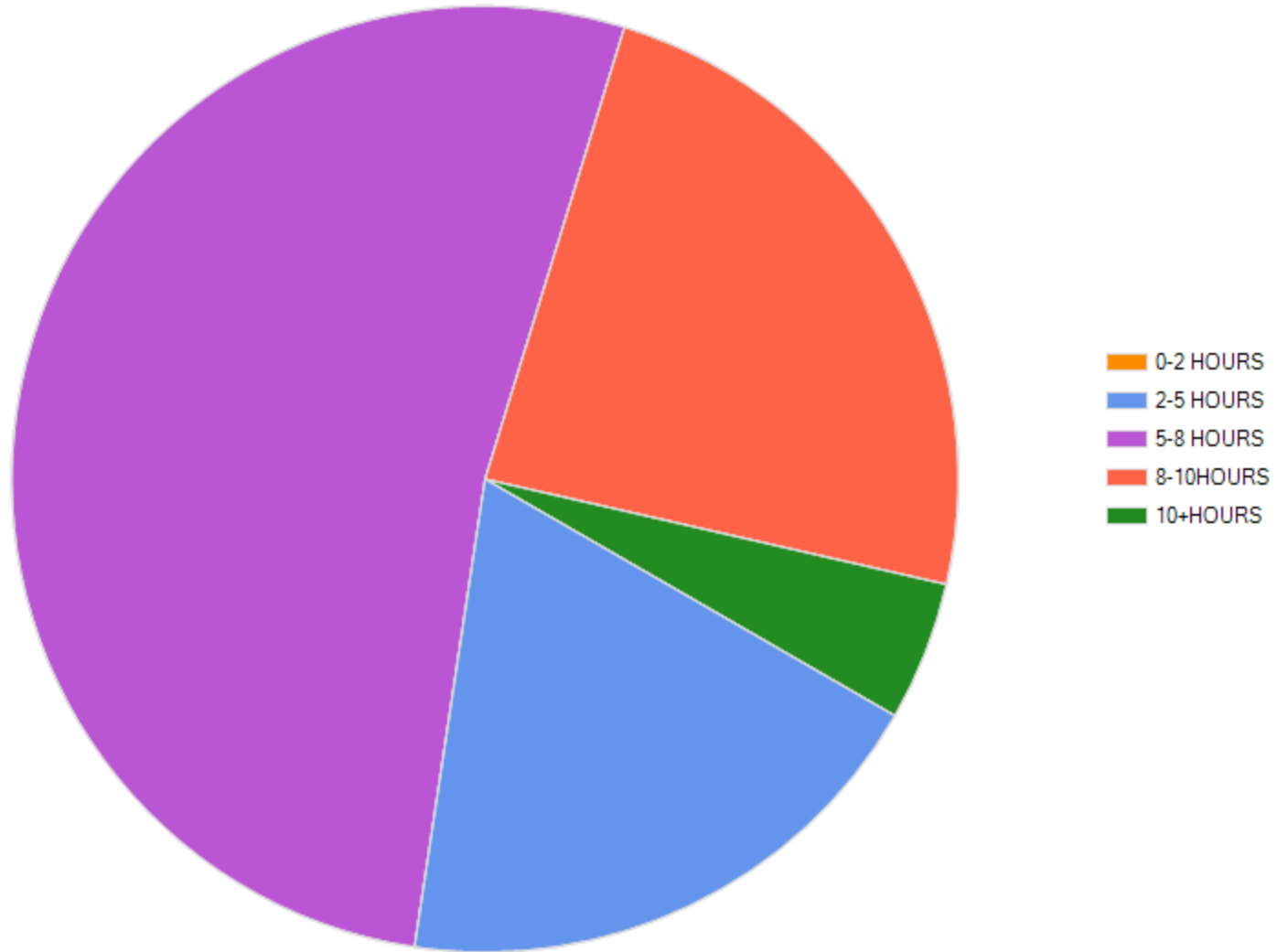
**ARE YOU USING LESS NARCITIC MEDICATIONS THAN BEFORE THE PAIN PROGRAM?**



**HOW MUCH HAS YOUR PAIN LEVEL REDUCED SINCE COMPLETING THE PAIN PROGRAM?**



# HOW MANY HOURS PER DAY ARE YOU ACTIVE?



WITH REGARDS TO PRODUCTIVITY IN YOUR LIFE, PLEASE  
TELL US WHICH OF THE FOLLOWING APPLIES TO YOU AT THIS  
TIME.

