Multidisciplinary Pain Care: Physician, Physical Therapy, Psychology

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Disclosure Declaration

- James Morris, MD has disclosed that he has financial interest or other relationship with the manufacturers of the following medical commercial products:
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Presentation Limitations

![Maslow's Hierarchy of Needs](image)

**Basic Human Needs**
- Physiological needs (survival)
  - Air, Shelter, Water, Food, Sleep, Sex
- Safety and Security
- Social needs
  - Friendship, Family
- Esteem
  - Self-Esteem, Confidence, Achievement
- Self-actualization
  - Creativity, Problem Solving, Authenticity, Spontaneity

**INTERNET**
What is Multidisciplinary Pain Care?

- 1960 John Bonica, University of Washington
  - 1988, some 1800 to 2000 pain centers had been established in 36 countries
- Traditional care involves a defined treatment program with admission and discharge criteria, limited post-discharge follow-up.
- Core providers traditionally comprised of medical, psychological and physical therapy providers. Others may be called to consult, including specialists, surgeons and CAM providers.
Founder of Modern Pain Management

John Bonica wrestled all the greats of his time, including Angelo Savoldi, Bull Curry, Jim Londos, Ray Steele, The Duseks and Ed Strangler Lewis. He went to a one hour draw with life-long friend Lou Thesz. On the AT show circuit, he wrestled as Johnny "Bull" Walker. He once defeated the entire 36 member wrestling team of an upstate NY college in one day. One day, while working a carnival taking on all challengers, the snarling Dr. Bonica had to break character. When a call for medical assistance came over the loudspeaker, John rushed to the aid of the distressed patron, stabilized the situation and called for an ambulance. In 1939 he won the light heavyweight championship of Canada and two years later he won the NWA light heavyweight championship of the world.

Dr. John J. Bonica

PWHF New York State Award, 2004
What is Multidisciplinary Pain Care?

- **Cooperative** treatment between disciplines.
- **Coordinated** care.
- Treatment **goals** with **outcome** measurements.
- **Patient-centric** problem solving.
  - Functional rehabilitation
  - Case management
  - Long term community based care.
Multidisciplinary vs. Interdisciplinary

- Multidisciplinary care: usually comprised of multiple teams of providers supplying tandem care.
- Interdisciplinary care: integrates disciplines into a single team providing coordinated care.
  - Multidisciplinary may be less cohesive, less coordinated, involve less case management, and be more prone to derailment.
  - Interdisciplinary care requires integration, co-location and case management.
Summary of Multi/Interdisciplinary Care

Multidisciplinary and interdisciplinary treatment programs compared to conventional care:

- work very well and accomplish goals.
- comparable to and often more successful than interventional or conventional care.
- cost less than interventional care, have less risk.
- not reimbursed by most insurances.
  - exceptions include worker's comp and personal injury, require prior authorization in most cases.
Conventional Care Works Well, Too

Minor surgery is surgery someone else is having.

~ Carl J. Cook
Figure 4.3  Progression of the pain management stepped care pyramid. Ob-Gyn, obstetrics and gynecology. (Redrawn from Dubois MY, Gallagher RM, Lippe PM. Pain medicine position paper. Pain Med. 2009;10:987.)
Multi-disciplinary Approach to Chronic Pain Management

- Medical management
- Physical therapy
- Psychotherapy
- Exercise, rest, weight control and nutrition
- Support groups
- Chiropractic, acupuncture, massage
- Education
- Stress management
- Self care and empowerment
# Medical Pain Management

## Stepped Care
- Complete H & P
- Diagnosis
- Appropriate testing
- Goals and outcomes
- Informed consent
- Risk analysis
- Care coordination
- Periodic follow-up

## Modalities
- Pharmaceutical care
- Interventional modalities
- Advice and counseling
- Behavioral intervention
- Manual therapy
- Rehabilitation medicine
- Occupational medicine
- Integrative medicine
Tertiary Care

No offense, but I'm going to seek a third opinion.
Nervous System Role
Gender Specific Differences

Female
- Report more intensely felt pain.
- Report pain more often.
- Experience chronic pain complaints more often.
- Respond to same emotional stimuli.

Male
- Report less pain intensity for same stimulus.
- Report more anxiety with pain.
- Respond to same emotional stimuli.
Gender Specific Differences

The Female Brain

The Male Brain

Footnote: The "Put Oil Into Car" and "Be Quiet During the Game" glands are active only when "Shiny Things and Diamonds" olfactory has been satisfied or when there is a shoe sale.

The Female Brain
Cracked at last!

Footnote: the "Listening to children cry in the middle of the night" gland is not shown due to its small and underdeveloped nature. Best viewed under a microscope.
Can We Really Change This with Our Minds?
Pain Psychology – What do they do?

- CBT
- Psychotherapy
- Biofeedback
- Autogenics
- Hypnotherapy
- Coaching
- Case management
Difficult Patient

- Cluster B personality disorders
- Anxiety, Depression, Bipolar
- Substance Use Disorder
- Multiple medical conditions
- Positive review of systems

Ashes of Problem Patients
Catastrophizing

- Common
- Has adaptive purpose
- Over-identification, magnification, rumination, helplessness
- Correlates with poor outcome and chronicity
- Can be treated
How is this addressed in practice?

A) Refer to Emergency Dept.
B) Prescribe more Vicodin
C) Prescribe Benzodiazepine
D) BATHE and NURS
E) Refer to Pain Psychologist
F) Both D and E.
5 minute psychotherapy

- **NURS** is a reminder to:
  - Name the patient’s emotion (“you say that these constant headaches really get on your nerves.”)
  - Understand (“I can see why you feel this way.”)
  - Respect (“you’ve been through a lot and that takes a lot of courage.”)
  - Support (“I want to help you get better.”)

- **BATHE** can help you learn more about the patient’s situation:
  - Background (“What has been going on in your life?”)
  - Affect (“how do you feel about that?”)
  - Trouble (“What troubles you the most about this situation?”)
  - Handling (“how are you handling this?”)
  - Empathy (“That must be difficult.”)
Addressing The Brain With Neurofeedback

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Clinical Psychologist
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What is EEG Neurofeedback?

- Training the electrical activity and timing of the brain to improve brain functioning.
- The EEG is the observable manifestation of the brain's behavior. We “bias” that information toward a desired outcome.
Current Clinical Uses

- ADD/ADHD
- Seizure Disorders
- Alcoholism/Substance Abuse
- Traumatic Brain Injury
- PTSD
- Anxiety
- Depression
- Chronic Fatigue Syndrome
- Fibromyalgia
- Chronic Pain
- OCD
- Tourette’s Syndrome
- Sleep Disorders
- Autism
- Asperger’s
- Bipolar Disorder
- Reactive Attachment Disorder
- Peak Performance
- Age Related Memory Disorder
- Parkinson’s
- Migraines
- PMS
- Schizophrenia
Typical Neurofeedback Session

- Twice weekly sessions
- 20-45 minutes of feedback
- Auditory, visual and tactile rewards when achieving thresholds
- 70%-90% reward frequency
Neurofeedback Session
Studies of Neurofeedback on Chronic Pain


- Following ten sessions of neurofeedback, migraine patients displayed significant reduction of cortical excitability. (Which is unusually high in those who experience migraines). This reduction was followed by a significant reduction of days with migraine and other headache parameters observed.
Neurofeedback and Chronic Pain Studies

- Caro and Winter, 2001
  - 15 Fibromyalgia patients
  - 40 or more Neurofeedback sessions
  - Significant improvement in attention.
  - Strong correlation between improvements in attention and decreases in tender point scores.
  - Weak to moderate correlations between attention scores and patient ratings of fatigue.
Sime, 2004

Case report, Trigeminal Neuralgia

29 Neurofeedback and 10 biofeedback sessions

Patient decided to cancel planned surgery (severing trigeminal nerve) and discontinue pain medications. Benefits maintained at 13-month follow-up.
Neurofeedback and Chronic Pain Studies

- Jensen, Mark; Grierson, Caroline; Tracy-Smith, Veronika; Bacigalupi, Stacy and Othmer, Siegfried, 2007: Substantial and statistically significant pre- to post-session decrease in pain intensity at the primary pain site. Many patients reported significant and substantial short-term reductions in their experience of pain and improvements in a number of other pain- and nonpain-specific symptoms.
Cognitive Behavior Model of Fear of Movement
Your Patients Want This?
Physical Rehabilitation

- Physical Therapy
- Outcomes model
- “Seven Steps” by Axis Physical Therapy
- Evidence based
- Reproducible in home environment
- Individualized with group support
Acute Pain Protocol Approach

Hurts So Good!
Traditional Physical Therapy

- Exercise
- Strengthen
- Mobilize
- Fake and Bake
- Hands off
- Protocol driven
- Limited follow up
Aquatic Therapy

- 92 degree water
- Supervised movement
- Unweighted exercise
- Hydrostatic tissue massage
- Translatable to community pool
- Outcome follow-up
## Seven Part Multidisciplinary Care

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>PHYSICAL THERAPY</th>
<th>PSYCHOLOGY</th>
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</thead>
<tbody>
<tr>
<td>1. Initial consultation and evaluation.</td>
<td><strong>1. Breathing and Relaxation</strong></td>
<td>1. Grief and loss</td>
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<tr>
<td>2. Collaborative care, specialist services.</td>
<td><strong>2. Modalities and Activity Modification</strong></td>
<td>2. Communication skills and assertiveness</td>
</tr>
</tbody>
</table>
Multidisciplinary Program Contact Info

- Pain Management Partners, SEVEN PILLARS, 541-344-8469
- Axis Physical Therapy, SEVEN STEPS, 541-683-6187
- Teri Strong, PhD, SEVEN LEVELS OF PAIN MASTERY, 541-393-5983
Feedback?

On a scale of one to stepping-on-a-Lego, how would you rate your pain?
References


4) Harris Meyer, At the Intersection of Health, Health Care and Policy: A New Care Paradigm Slashes Hospital Use And Nursing Home Stays For The Elderly and Physically and Mentally Disabled. Health Affairs, 30, no.3 (2011):412-415


References


10) How can we better manage difficult patient encounters? Teo AR, Du YB, Escobar JI - J Fam Pract - Aug 2013; 62(8); 414-21

11) Does perspective-taking increase patient satisfaction in medical encounters? Blatt B, LeLacheur SF, Galinsky AD, Simmens SJ, Greenberg L - Acad Med - Sep 2010; 85(9); 1445-52

References


NeuroFB Resources: Web Sites

- **www.isnr.org**  International Society for Neurofeedback and Research. This site contains a comprehensive bibliography of outcome research in neurofeedback, organized by disorder, as well as journal articles, provider list and other information.

- **www.eegspectrum.com**  EEG Spectrum provides training, information, equipment and an affiliate network for information sharing, consultation and referral.

- **www.aapb.org**  Association for Applied Psychophysiology and Biofeedback is the national biofeedback organization.
NeuroFB Resources: Books

- Getting Rid of Ritalin by Robert W. Hill, Ph.D. and Eduardo Castro, M.D., Hampton Roads Publishing Co., Charlottesville, CA, 2002
- ADD: The 20 Hour Solution by Mark Steinberg, Ph.D. and Siegfried Othmer, Ph.D., Robert D. Reed Publishers, Brandon, OR, 2004