

RESOURCE GUIDE TO PAIN MANAGEMENT IN HUMBOLDT- DEL NORTE COUNTY

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INDEX

Introduction	Page 3
Acupuncture	Page 4
Biofeedback	Page 5
Chinese Medicine	Page 6
Chiropractic	Page 8
Exercise and Functional Training	Page 10
Causes of Chronic Pain.....	Page 11
Exercise and Arthritis	Page 13
Assistive Exercise.....	Page 15
Feldenkrais	Page 16
Group Therapy, Integrative Pain Management Program	Page 18
Interventional Pain Techniques	Page 20
Massage	Page 21
Ombudsman for Long Term Care Facility Residents	Page 22
Osteopathic Medicine.....	Page 23
Physical Therapy / Occupational Therapy	Page 24

PsychotherapyPage 26

Tai ChiPage 26

Zen Shiatsu Therapeutic Massage and Pilates Mat Classes.....Page 27

Chronic Pain Registry Questionnaire..... Page 28

Pain Categories and Methods of Pain Relief..... Page 31

INTRODUCTION

Under the umbrella of the Community Health Alliance (CHA), an ad hoc group of health professionals, administrators and patient advocates have been meeting to discuss development of a multidisciplinary pain management clinic in Humboldt County. The impetus for getting the group together grew out of the 27 prescription drug overdoses that occurred in Humboldt County in 2003. The Alcohol and Other Drug Death Review Team heard from medical providers that they often felt the lack of local resources to assist patients to more productive lives with manageable pain. The committee has had great vision of a comprehensive clinic. There are, however, no concrete plans for a clinic due to funding limitations, although the consensus is that only a Federally Qualified Health Center (FQHC) could offer comprehensive services to all who needed them, including medi-cal patients. Meanwhile, in order to assist medical providers in care of patients with pain, representatives from various disciplines were asked to write up what they can do for chronic pain and what insurance companies and medi-cal/Medicare will pay for. **These submissions are assembled as a “resource directory”, printed in the Humboldt Del Norte Bulletin and posted on the medical society web page (www.humboldt1.com/~medsoc).** Inclusion in the directory does not indicate endorsement of a particular treatment provider. There are other providers of the services included in the resource directory and some who may be reimbursed differently or other additional services. The directory is by no means all-inclusive or exhaustive. Please submit comments or additions to alindsay@co.humboldt.ca.us or medsoc@humboldt1.com.

Thanks to the Community Health Alliance, Vector Rehabilitation, Humboldt County Department of Health and Human Services, the Humboldt Del Norte County Medical Society and many others for participation in this process.

ACUPUNCTURE

What is your area of expertise? Acupuncture, Chinese Medicine

For what types of pain is your Treatment Modality most appropriate?

All. Specifically, low back pain, neck pain, all joint pain, arthritis, dental pain, headaches, menstrual pain, and fibromyalgia.

What modalities are used? Acupuncture, herbs, moxibustion, cupping, electrostimulation, massage

Generally, how many treatments are recommended? Many conditions resolve in about 10 treatments. Chronic intractable pain may need regular, ongoing treatments.

What are the insurance coverage / limitations? Please include Medicare, medical, Workers' Comp and private insurance. Blue Cross: 12 – 24 visits in a year. Other private insurances may cover. Workers Comp based on referral. No Medicare (yet)

Submitted by Ryan Vodden

444-9446

September, 2005

BIOFEEDBACK

What is your area of expertise? Utilizing biofeedback modalities:

- 1) Using EMGs for assessing involvement of dysfunctional/injured musculature and retraining both neurological firing patterns and behavioral tensing patterns that contribute to ongoing muscle spasm/ pain.
- 2) Using multiple biofeedback modalities of physiological measurement i.e. peripheral blood flow, cerebral blood flow, skin conductance response, muscular tension to teach psychophysiological self-regulation skills that assist in reducing pain intensity, duration and frequency.
- 3) Using behavioral modification and psychological interventions

For what types of pain is your Treatment Modality most appropriate? Migraines, muscle tension headaches, pelvic pain, chronic back and neck pain, acute injuries particularly whiplash auto injuries, Raynaud's.

What modalities are used? Behavioral training in pacing activities, decreasing autonomic arousal levels, decreasing muscle tension levels, increasing blood flow levels where appropriate. This is assisted with biofeedback modalities of EMG, SCR, TMP, HEG, PPV.

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. No links happen automatically.

Generally, how many treatments are recommended? 6-8 sessions

What are the insurance coverage/limitations? Please include Medicare, MediCal, Worker's Comp and private insurance. Coverage varies with private insurance and Worker's comp and is verified prior to treatment. It is not covered by MediCal or Medicare at this time.

Submitted by: Jennifer Stevens, 442-3257

Urology Associates

CHINESE MEDICINE

What is your area of expertise? Chronic and painful difficulties ranging from non-origin-specific aches and pains to chronic injury. This includes tendonitis, arthritis, headache and migraine, gastritis, dysmenorrhea, and others. I also work with a lot of other chronic disorders which often have accompanying musculoskeletal or neurological complaints, such as MS, SLE, neurogenic bladder syndrome, etc.

What types of pain is your Treatment Modality most appropriate? Acute and subacute injuries often receive marked and quick improvement, whereas chronic pain takes longer and requires a multi-modal approach (i.e. orthopedic massage, acupuncture, exercise, stretching, PT, etc.). Acute flare-ups of chronic injuries often receive quick decrease in pain intensity and increased range of motion. Treatment outcome will depend of the health of the individual and her/his willingness to make lifestyle adjustments, incorporate nutrition advice, and do appropriate physical activity to aid in the healing.

It is necessary to point out that pain syndromes often have an accompanying emotional component (whether it is the cause or effect of the disorder) that must be addressed. Acupuncture is known for alleviating stress, anxiety, and depression by stimulating the parasympathetic nervous system and promoting a generalized sense of well being.

What modalities are used? Main modalities are acupuncture with or without electrostimulation and orthopedic massage. Patient education, which includes diet, exercise, stretches, hot or cold, etc., is also a key component of my practice. Herbs may also be recommended, but this depends on medications patient is currently taking. All of these modalities are components of Chinese medicine which views the body as a system of interrelated organ functions and allows for a diagnosis to be made in cases of idiopathic disease.

What links happen automatically when someone is referred to you? For example, PT could trigger OT evaluation. Most often it is useful to me to know what has failed to work and/or what tests have come up negative. If chiropractic work has not improved the situation, for example, then I would spend less time on evaluation for radiculopathy.

Generally how many treatments are recommended? Again, this will depend on chronicity of disease and how severe the pain is. The more acute or intense pain requires more frequent visits at the beginning, sometimes 2-3 times per week, to give greater relief and provide follow-up care before pain intensity resumes. I often recommend a 10-week course of treatment with follow-up evaluation for chronic cases.

What are the insurance coverage/limitations? I am a network provider for American Specialty Health Plans, which includes Blue Cross. Plans vary. Patients with PPO plans offering acupuncture can often self-refer and will receive 12 to 24 visits per calendar year. HMO plans often require M.D. referral. I also bill Worker's Comp. I do not take MediCal or Medicare, although some Medicare patients have a private insurance rider through Blue Cross.

*Submitted by: John E. Servilio, M.S., L.Ac., 826-2700
The Oasis: Chinese Medicine and Healing Arts Center
September, 2004*

CHIROPRACTIC

AREA OF EXPERTISE: Chiropractors treat chronic pain restoring joint motion, reducing inflammation and improving the motion of the muscle-joint motor unit. Conditions treated include pseudo-radicular, trigger points, degenerative disk disease, disk bulge, osteoarthritis, myospasm, fibromyalgia, chronic sprain or strain, carpal tunnel, epicondylitis, migraine, dizziness and entrapment syndromes involving poor joint motion.

While there are many subspecialties within chiropractic, i.e. internal medicine, neurology, pediatrics, all Chiropractors perform an initial examination to determine the appropriateness of manipulative therapy, and develop a treatment plan prior to initiating care. Chiropractic treatment can be curative or palliative aimed at reducing pain, promoting mobility and reducing use of narcotic medication.

TREATMENT MODALITIES: Selection of treatment modalities is based on patient diagnoses, secondary complicating factors such as severe osteoporosis, post-surgical status and coronary conditions, patient comfort and, above all, safety.

While manipulation of joint, ligaments and connective tissue is the primary treatment modality used by chiropractors, the force used can vary greatly with low amplitude techniques requiring no rotational or shearing forces being employed on fragile patients such as the elderly or for patients whose condition requires extra care as with osteoporotic, post-surgical or those with vertebral artery occlusions.

Treatment may include electrical and/or thermal modalities, soft tissue mobilization, postural analysis and correction, training in muscle strengthening and flexibility. Recent medical studies show that when chiropractic and physical therapy are used in conjunction superior pain relief is achieved than when either therapy is used alone.

INSURANCE COVERAGE/LIMITATIONS:

Medicare: Typically will provide up to 12 visits per acute exacerbation. Payment limited to treatment of the spine. Does not pay for initial or subsequent examinations, lab work, radiographs or diagnostic studies when performed or ordered by a chiropractor.

MediCal: Very poor reimbursement, limited to two pre-authorized treatments per month that are shared with other allied disciplines.

Veterans Administration: Will cover chiropractic when treatment is requested by VA doctor and pre-authorized. Number of visits based on medical necessity.

Workers' Compensation: Chiropractors are considered physicians and can be the physician of record; pre-authorization is required, limited to a maximum of 24 visits per claim but typically limited to a maximum of 12.

Private Insurance: Policies vary but most allow direct access, exception is HMO's that may require MD referral and/or pre-authorization.

Submitted by Martha Henry, DC

839-6300

July, 2005

EXERCISE AND FUNCTIONAL TRAINING

There is mounting research and clinical evidence that exercise and functional training can improve quality of life for those with chronic pain and have a measurable positive effect on reducing pain, improving function, and preventing recurrence of injury.

Aerobic exercise is beneficial for almost any type of pain from fibromyalgia to low back pain. Strengthening and stretching exercises are beneficial for most conditions. A thorough evaluation by a physical and/or occupational therapist must be completed to design the most effective exercise program and target treatment for any specific problems that can be identified. The exercise program should start slowly, be modified to each individual's level of tolerance, and gradually advanced as improvement occurs. An initial increase in pain is common in chronic pain and the program must be adjusted until the exercises are tolerated. For some people, water exercise may be beneficial to reduce escalation of symptoms. Modification and improvement of functional tasks should be addressed throughout the training process.

Passive treatments such as thermal and electrical modalities, ultrasound, and soft tissue mobilization may be helpful to reduce pain, but the patient must be willing to become an active ongoing participant in the treatment program as soon as possible for long lasting progress to occur.

BENEFITS OF EXERCISE

- ⇒ Elevate pain threshold
- ⇒ Reduce pain and tension
- ⇒ Decrease anxiety and depression, as well as improve energy
- ⇒ Improve ability to differentiate between discomfort and pain
- ⇒ Improve ability to control response to external and internal stimuli
- ⇒ Decrease maladaptive coping mechanisms
- ⇒ Reverse escalating dysfunction and improve quality of life
- ⇒ Reduce fear of activity and feeling of hopelessness

TREATMENT

- ⇒ Active and passive mobilization and/or asymptomatic stretching
- ⇒ Neurovascular mobilization techniques
- ⇒ Tai Chi, Chi Gong, Hanna Somatics, etc.
- ⇒ Aerobic exercise
- ⇒ Stimulation of the vascular and lymphatic system
- ⇒ Diaphragmatic breathing, biofeedback, and relaxation training
- ⇒ Functional and ergonomic training
- ⇒ Splints, braces, and adaptive equipment and technique
- ⇒ Strengthening to tolerance
- ⇒ Training to increase awareness of pain triggers
- ⇒ Cognitive behavioral training

CAUSES OF CHRONIC PAIN

Arthritis

There are over 100 types of arthritis. Increasing flexibility, strength, and conditioning usually results in decreased pain. Recent studies indicate participants in high intensity weight bearing exercise developed significantly less radiological damage than the control group. Increased pain during exercise is necessary to make progress, but it should not last for more than an hour and should not aggravate the position of deformity.

Neurovascular Tension

Nerves and their blood vessels are vulnerable to injury by acute trauma, poor positioning, cumulative trauma, and surgery. Traction injuries occur when the fibrous fixation tissue about the plexus or distal nerves is pulled taut, similar to a Chinese finger trap, and can escalate pain. Exercises must mobilize the nerve (rather than stretch it), reduce tension and irritability, stabilize the musculoskeletal system, and improve circulation.

Low Back Pain

Recent research indicates specific back, abdominal, pelvic floor, and diaphragm muscles can be trained to work globally to prevent harmful distortion of the back from external forces. The nervous system must be retrained to activate and effectively coordinate muscle contractions to provide stabilization during dynamic function. Studies have demonstrated that the control group is up to 12 times more likely than the exercise group to have a recurrence of low back pain within 1-3 years.

Extremity Injuries and Other Musculoskeletal Disorders

A specific diagnosis is beneficial to help focus treatment. Passive modalities and general soft tissue mobilization may be needed initially to reduce tension, calm diffuse irritability, and narrow down the pain sites. Treatment of trigger points and neurovascular tension proximal to the site of pain will often improve outcomes and help identify the specific distal injury. A balance must be achieved between protecting with modified activity, splints and braces and increasing flexibility, strength, and endurance.

Complex Regional Pain Syndrome (CRPS or RSDS), Fibromyalgia, Chronic Fatigue Syndrome, and Diffuse or Nonspecific Pain

Studies have indicated that patients with complaints of nonspecific pain without a clear physical cause reported their pain as more severe; exhibited higher levels of cognitive anxiety and fear of pain; and showed poor coping mechanisms. Because the diagnosis is elusive and specific treatments may not be effective, it is important to focus the management on exercise and function. Specific modalities may be helpful to reset the sympathetic system and reeducate the sensory system.

INSURANCE COVERAGE/LIMITATIONS FOR PT & OT

Medicare: No current general visit or monetary limit, but monetary CAP may be reinstated in 2006.

MediCal: Low reimbursement. OT limited to 2 visits per month that are shared with other disciplines. PT must request TARS and typically receives 4-12 visits.

Worker's Comp: Needs preauthorization. Most authorizations are 6 visits. It is usually difficult to get more than 12 visits approved.

Private Insurance: All policies vary. HMO's generally preauthorize 6 visits at a time.

*Submitted by Judy Goucher, OTR/L, CHT, 442-6463
Vector Rehabilitation*

August, 2005

EXERCISE AND ARTHRITIS PAIN

The right rehabilitation program can reduce symptoms of arthritis by up to 50-80%, especially for the arm, hand, hip, and knee. There are over 100 types of arthritis, with osteoarthritis being the most common type.

Almost everyone will get osteoarthritis, due to aging, hereditary factors, or from a previous injury to a joint. The cartilage that cushions the end of the bones frays and wears away, which causes stiffness and pain. Pain, deformity, and loss of motion of the fingers and at the base of the thumb can be debilitating during pinch and grasp activities. Osteoarthritis or degenerative joint disease of the neck and low back causes bony growths that contribute to narrowing of the space for the nerves. This may cause symptoms if there is pressure on the nerves or soft tissue irritation. There can be multiple causes of back pain that complicates the rehabilitation. Hip and knee arthritis is common and may make walking difficult. Obesity accelerates the rate of damage in weight-bearing joints.

Rheumatoid arthritis is the second most common arthritis and has the potential for significant disability. Uncontrolled inflammation can cause rapid degeneration of the joints to occur. Early diagnosis and medical management by a family practitioner and rheumatologist is critical. Treatment by an occupational therapist specializing in hand therapy can help prevent or significantly reduce hand deformity, as well as improve flexibility, strength, and function of the hand, arm, and shoulder. Rheumatoid arthritis also commonly affects the knees, hips, neck, feet, and jaw and rehabilitation by a physical therapist is also important.

Research has shown that one of the best treatments for all types of arthritis is an appropriate exercise program. A lack of activity can cause a vicious cycle to occur, which includes gradually increasing stiffness, weakness, fatigue, pain, deformity, and degeneration. Because cartilage on the ends of bones does not have its own blood supply, joints must be moved to squeeze fluid and waste products out and then allow oxygen and nutrients to seep back in. Joints should be exercised through full motion several times every day. Everyone with arthritis should be trained in a customized exercise program to reduce symptoms and improve function. Pain that occurs during exercise is necessary to make progress, but it should not last for more than an hour after the exercise and should not aggravate the position of deformity. As joint motion increases, pain at rest and during functional activity will almost always decrease.

Adaptive activities and equipment can improve pain, independence and safety. Heat and cold treatment can increase flexibility and decrease pain. Studies indicate that ice every four hours may be effective in decreasing joint degeneration in hot, swollen joints caused by rheumatoid arthritis.

Customized hand splints decrease pain and deformity and improve flexibility and function. A thumb splint can enable someone with thumb pain caused by osteoarthritis to

read a book or turn the car key without debilitating pain. A specialized splint for someone with hand deformity resulting from rheumatoid arthritis can actually decrease the deformity, as well as help improve the ability to exercise and improve functional grasp for self care and work activities.

Certified hand therapists, occupational therapists, and physical therapists can help you improve quality of life.

*Submitted by Judy Goucher, OTR/L, CHT, 442-6463
Vector Rehabilitation*

ASSISTIVE EXERCISE

What is your area of expertise? Toning tables to assist in circulatory-respiratory fitness (stamina), local muscular endurance, flexibility measures, body segment circumferences and elements of body composition. Ideal for patients with difficulty participating in regular exercise programs.

What types of pain is your Treatment Modality most appropriate? Muscle, joint, inflammation. (Fibromyalgia, Arthritis, Diabetes, MS, Polio, Obesity, Lack of movement & circulation)

What modalities are used? Mineral Body Wraps, Steam Sauna, Massage Therapy, Toning Tables for circulation, flexibility and strengthening.

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. None

Generally, how many treatments are recommended? Depends on Modality, severity of condition-acute or chronic. As far as the Toning Tables and Nutrition that is a lifestyle change and is not based on a number of treatments.

What are the insurance coverage/limitations? Please include MediCare, MediCal, Worker's Comp and private insurance. Body Quest is only covered by insurance if a gym membership is covered.

Submitted by: Gina Wright

Body Quest

442-4442

July 2006

FELDENKRAIS

What is your area of expertise? The *Feldenkrais Method* of movement education

For what types of pain is your Treatment Modality most appropriate? The *Feldenkrais Method* is primarily used to help relieve chronic musculoskeletal pain. It is also useful after injury when the patient is no longer in danger of further injury and needs immediate retraining of the system in order to speed the healing process.

What modalities are used? The *Feldenkrais Method* of movement education retrains the nervous system so that the body can move more efficiently and effortlessly. A *Feldenkrais Practitioner* identifies parasitic movement and other habitual movement patterns that keep a client in pain and trains the client to include more efficient options in his or her movement repertoire, thereby eliminating or reducing pain.

The *Feldenkrais Method* also specifically addresses lost function and teaches clients to perform necessary functions without pain. In contrast to other modalities such as physical therapy, *Feldenkrais Practitioners* work with the entire system and take a global approach to the client, working from the underlying assumption that the location of the presenting pain is not the only player in the equation that creates and maintains this pain.

***Feldenkrais* harnesses the intelligence of the body through movement and guided attention. A typical individual session (*Functional Integration*) lasts 40-50 minutes and is performed while comfortably seated or lying down and fully clothed. Group lessons (*Awareness Through Movement*) are classes in which clients follow a simple sequence of movements. These lessons can also be practiced at home as a compliment to individual sessions. In addition to relieving pain, the *Feldenkrais Method* offers relief from post-surgery symptoms and increases flexibility, balance and coordination.**

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. There are no automatically triggered links although I will refer to an MD or DO if the client is in unstable condition.

Generally, how many treatments are recommended? This varies. Chronic pain or combined difficulties such as chronic pain and MS or frequent injury require more sessions, often one session per week for many years. Treatment of pain from a recent injury may require only 6-10 sessions, depending on the individual.

In general, patients with more acute pain will benefit most from several short sessions in the first week or two after an injury (2-3 per week) while other patients benefit most from two sessions in the first week or two followed by one session a week.

What are insurance coverage/limitations? Please include Medicare, MediCal, Worker's Comp and private insurance. Payment is through private pay or doctor-referred (and pre-approved) Worker's Compensation insurance.

Submitted by: Cathy Butler, Certified Feldenkrais Practitioner, 839-0319

GROUP THERAPY: INTEGRATIVE PAIN MANAGEMENT PROGRAM

A number of studies now demonstrate the efficacy and cost-effectiveness of an integrated, multidisciplinary and behavioral approach to treating chronic pain disorders. and articles have appeared in this Bulletin recently emphasizing the need for a local clinic providing these services. All of us are familiar with the frustration of trying to help these complex and often needy patients in rushed traditional office visits. Our traditional biomedical model falls particularly short in chronic pain, which generally is caused not only by anatomic or pathophysiologic factors but also involves the conditioning of neurophysiologic systems by pain and by psychosocial experience. Trauma experienced early in life, for example, is clearly associated with the later development of these disorders. The typical pain patient's medical history, with a sequence of failed treatments as a series of specialists try to find and remediate one particular anatomic or physiologic factor at a time, often with poor pain control in the meanwhile, further promotes a pathological conditioning process. Finally, the use of adjuvant medications, such as anticonvulsants and antidepressants, is often quite effective for pain but poorly accepted by patients who have not been instructed in the mechanisms by which these medications work and may not give them an adequate trial

What is needed is a treatment model that addresses the stress and psychosocial dysfunction that the experience of chronic pain and disability creates as well as determining and treating the underlying physical pathology creating and maintaining the pain. No single prescription will cure a lifetime of hurt, but coordinated treatment which takes these factors into account has proven to be much more successful in improving patients' functional status and quality of life. This concept is making headlines in the lay pressⁱ as well as the medical literatureⁱⁱ. In a study by Caudill *et al*, 87% of the patients attending such a program felt they were able to more effectively manage their symptoms and were less depressed, anxious and fatigued by the end of the program, and costs were reduced by a third over a one-year follow-up period in these patients.ⁱⁱⁱ

An integrative pain management program based on this model is currently being conducted at the Full Circle Center for Integrative Medicine in Arcata. We have developed a curriculum based on the Caudill program and the programs developed at the Mind Body Medicine Institute (Herbert Benson's program in Boston). Groups of 8 – 10 patients meet every other week for 2 hours with a physician and a mental health professional for a total of 10 sessions, with aftercare planned for once a month for those participants interested in continuing this work. The time is used for:

- a didactic component on medications, nutrition, exercise, sleep, herbal therapies, etc. (different topics each time),
- learning and experiencing an exercise to evoke the relaxation response (abdominal breathing, imagery, chair yoga, mindfulness meditation as taught by Jon Kabat-Zin, etc.
- a cognitive behavioral therapy component (stress management, communication skills, goal setting, pacing/adaptation/delegation, and so on)
- a more traditional support group check-in.

a group medical visit with discussion of medications and side effects; medications are adjusted based on discussions occurring in the group as well as on the pain diaries that patients use to document their functional status and pain relief.

There is “homework” for the groups, including pain diaries, a relaxation CD recorded by the physician and one of the therapists which is provided free to the patients to use to practice relaxation at home, and various exercises based on the curriculum for each week, including a gratitude journal, an exercise log, goal-setting worksheets, a log of automatic thoughts, and so on. Feedback from patients involved in these groups has been positive with few exceptions, even from many of the patients who were skeptical about them when the concept was introduced. One patient is achieving blood pressure control since starting to meditate, which had eluded him for the past 8 years. Other benefits in terms of decreasing isolation and depression are also becoming apparent over the course of the class.

We will be accepting referrals for a new series of groups beginning in June or July. We accept most insurance, including Medicare, Blue Cross PPO plans, United Healthcare and others. We have a limited number of slots for MediCal patients. We cannot accept California Care or St. Joseph’s EPO or other HMO patients, as the local IPA has decided not to cover these groups.

We are also happy to share materials with others who might want to begin similar programs in their clinics.

i note the recent cover of Time magazine February 28, 2005

ii See a nice review of this approach in Treatment Planning in Pain Medicine, Rollin M. Gallagher, MD, MPH, Medical Clinics of North America 83(3), May 1999

iii Caudill M, Schnable R, Zuttermeister P, et al: Decreased clinical utilization by chronic pain patients: Response to behavioral medicine intervention. Clin J Pain 7:305-310, 1991

*Submitted by Dr Connie Basch, 826-2222
Full Circle for Integrative Medicine
May, 2005*

INTERVENTIONAL PAIN TECHNIQUES

What is your area of expertise? Interventional pain techniques

What modalities are used? Special injection techniques such as selective nerve root blocks, radiofrequency facet rhizotomes, discograms, fluoroscopically guided epidurals, etc

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. There are no automatic links. I typically send the patient back to the referring provider.

Generally, how many treatments are recommended? Typically a series of 3 visits would be planned though this is not etched.

What are the insurance coverage / limitation? Please include Medicare, MediCal, Workers' Comp and private insurance. We see everyone. Cash pay has to make a deposit first. Check with insurer about pre-authorization.

*Submitted by Dr James Jaworski, 822-3621
Mad River Community Hospital
September, 2005*

MASSAGE

MASSAGE THERAPISTS evaluate soft tissue structures of muscle, fascia, and tendon to determine if there is hypertonicity, adhesions, and fibrosis. A variety of massage techniques are utilized in the appropriate areas. Techniques that address the deep layers of tissue are especially helpful when dealing with chronic pain.

Massage can help manage chronic pain by:

1. Increasing circulation to provide oxygen and nutrients and remove metabolic waste.
2. Stretching and separating muscle and fascial layers.
3. Breaking up adhesions.
4. Softening fibrotic tissue.

Instruction is provided for daily home use of:

1. Ice and heat
2. Self massage techniques
3. Stretches
4. Postural and ergonomic education

INSURANCE COVERAGE/LIMITATIONS

Medicare: Massage is not covered.

MediCal: Massage is not covered.

Workers' Comp: Requires preauthorization. There is usually a visit limit and the total number may be combined with PT/OT or chiropractic visits.

Private Insurance: All policies vary.

Automobile Insurance: Most cover massage if the person has medpay on their policy.

Submitted by: Janette Johnson, LMP, 443-0695

Griffith Luoma Chiropractic

OMBUDSMAN FOR LONG TERM CARE RESIDENTS

What is your area of expertise? The Long Term Ombudsman is a resident advocacy program for people who live in skilled nursing homes and residential care homes. Ombudsmen are mandated to investigate abuse and any complaints indicated by the residents.

What types of pain is your Treatment Modality most appropriate? As Ombudsmen interact with residents they discuss the Fifth Vital Sign, pain. If pain is an issue, the Ombudsmen, with consent of the resident or responsible party, will advocate for improved pain management and treatments on behalf of the resident.

What modalities are used? The Ombudsmen encourage the use of therapies as well as appropriate medications.

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. The Ombudsmen may communicate with the physician as well as nursing staff and may call an inter-disciplinary team conference.

Submitted by: Cynthia Ross, 443-9727 x220

Ombudsman, Senior Resource Center

OSTEOPATHIC MEDICINE

What is your area of expertise? Osteopathic Manual Medicine

What types of pain is your Treatment Modality most appropriate? Acute, Chronic, neuromusculoskeletal, visceral, structural, trigger points, structural problems in both children and adults.

What modalities are used? Osteopathic Treatment: spinal adjustments, myofascial release, strain-counterstrain, muscle energy (somatics), cranial osteopathy, facilitated positional release.

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. Referrals to both alternative and allopathic practitioners: physical therapy, occupational therapy, massage, yoga, biofeedback, nutrition, supplements, movement therapy, Feldenkrais, myofascial and other physician specialist referrals.

Generally, how many treatments are recommended? Six to twenty-four; based on individual and chronicity.

What are the insurance coverage/limitations? Please include Medicare, MediCal, Worker's Comp and private insurance. Accept most insurance except medical/CMS. Accept automotive insurance as long as it has medical pay; no liens accepted. Discounted rate for students and low income. Workers Compensation (consults only).

Submitted by: Kate McCaffrey, DO 826-7383

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

What do physical and occupational therapists do for chronic pain?

Physical Therapists provide evaluation of the spine, lower extremity and upper quadrant to determine the physical factors contributing to chronic pain. A treatment plan is developed that will educe symptoms and train the person to continue self-treatment after therapy is completed.

Modalities may include:

- 1) Relaxation training/biofeedback
- 2) Tai Chi, Chi Gong, and Hanna Somatics to improve mobility and strength
- 3) Spine stabilization and strength training
- 4) Aerobic exercise, flexibility training, and neurovascular mobilization
- 5) Thermal and electrical modalities

Occupational Therapists focus on the physical and mental deficits in relation to function and also specialize in treatment of the hand and upper extremity. Evaluation and problem solving determine what factors contribute to chronic pain, including physical injury, depression/cognitive impairment, poor positioning, and poor work habits.

Modalities may include:

- 1) Ergonomic and functional training, including work and home evaluations
- 2) Adaptive equipment and techniques to maximize quality of life.
- 3) Custom and ready made splints and braces.
- 4) Flexibility, strength and endurance training.
- 5) Neurovascular and neuromuscular mobilization.
- 6) Thermal and electrical modalities
- 7) Referral to community resources
- 8) Insurance coverage / limitations

Medicare: No general current visit or monetary limit, but if diagnosis is “chronic pain”, treatment may be limited to 3 – 4 treatments for home program development. Must physically see the physician within 30 days before the initial evaluation and within 60 days after the initial evaluation.

MediCal: Reimbursement is very low. Occupational therapy is limited to 2 visits per month and must share those visits with other disciplines such as chiropractic. Physical therapy must request TARS and typically can treat patient for 4 – 12 visits. Additional visits may be approved for serious injuries such as chronic wounds.

Workers' Comp: Needs preauthorization. New regulations limit total OT/PT visits to 24 per claim. In practice, authorizations are generally for 6 visits or less and rarely are approved for more than 12 visits. Classes are sometimes authorized.

Private Insurance: All policies vary. HMO's require preauthorization and generally approve 6 visits at a time. Some authorizations expire in 60 days.

Submitted by: Judy Goucher OTR/L, CHR, 442-6463

Vector Rehabilitation

PSYCHOTHERAPY

Psychotherapy focuses on the impact of pain on patient's lives and implements effective coping strategies for each patient that will optimize medical outcomes and restore function to the patient. The goal of psychotherapeutic intervention is to restore patient's control over perceived levels of pain, increased levels of physical and emotional functioning, and reduce the amount of suffering they experience secondary to their pain.

Individual Psychotherapy This type of therapy is directed toward accomplishing specific goals, brief interventions focused on stabilizing mood, increasing levels of activity, and provide effective coping tools that facilitate improved quality of life for our patients.

Group Psychotherapy This setting utilizes a group format to provide psychoeducation, support and skills needed to optimize levels of adjustment to chronic pain and facilitate improved functioning in home, school, job or social settings.

Biofeedback Biofeedback utilizes the mind to control pain by teaching patients to recognize and use physical body states to gain increased control over pain perception and the entire experience of pain. Electromyographic (EMG) feedback measures help patients recognize when muscles are contracted or relaxed, and this, paired with visual imagery or relaxation skills, can help patients reeducate muscles to relax, instead of guarding against pain. Modern biofeedback equipment monitors changes in skin temperature, muscle contraction, and/or galvanic skin response. All of these measures are helpful in preventing aggravation of pain caused by stress or tension.

Hypnosis Hypnosis helps patients learn to control their pain by developing alternative images and experiences to pain. While exactly how it works is unclear, it is thought that trance states alter brain waves and that hypnosis can activate regions of the brain that can impede pain. Interrupting the pathway from a painful site to the receptor in the mind is another way that hypnosis is thought to be effective in managing pain. Some researchers believe that by dividing consciousness and widening the gap between selective attention and selective inattention, patients become more available for social influence and are better able to make use of suggestions made by the therapist in changing their experience pain, and gaining greater control over it.

Insurance coverage Generally private insurance seems to be pretty good at referrals to any level psychotherapist. Medicare only accepts Clinical Psychologists (PhD) and Clinical Social Workers and MediCal only those on their limited referral list.

Making a referral: The best way to access therapists in this area is to go to the North Coast Association of Mental Health Professionals (NCAMHP) web site: www.ncamhp.org and use the search function to find the specialty you are looking for.

Submitted by: Doug Hrabko, MFT, 822-4645

TAI CHI

What is your area of expertise? Stress-reduction and chronic pain management using soft, gentle Tai Chi movements, QiGong postures, Breathwork, acupressure techniques, meditation, guided visualization, and body scanning (mindfulness training). Have an M.A. in Counseling Psychology (Psychosynthesis), Certification in Tai Chi for Arthritis, endorsement by the American Arthritis Foundation, and 18 years of practice & teaching of Tai Chi including 7 years as an instructor at Kaiser Permanente in Stockton where I taught & spoke in Chronic Pain, Fibromyalgia, and Healthy Lifestyles classes as a core teacher.

What types of pain is your Treatment Modality most appropriate? Excellent for all types of arthritis pain, recovery from Fibromyalgia, stroke rehab, migraine & chronic headaches, muscle strain, sports injury, Irritable Bowel Syndrome, CFS, Epstein-Barr, Parkinson's, ALS, MS, Muscular Dystrophy, insomnia, and the general stress and tension of modern living.

What modalities are used? Gentle, slow, soft, circular movements modified to fit the client's comfort and ability. Breathing training for relaxation and focus. Acupressure techniques to raise endorphin levels. Meditation, guided visualization, and body-scanning to activate the "healer within" and reduce dependence on pharmaceuticals. QiGong and Tai Chi to increase flexibility, strength, balance, and improve posture while promoting relaxation.

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation. When working with a client, I may suggest referrals to acupuncturists, massage therapists, osteopaths, naturopaths, or water therapy if available, depending on client's particular needs.

Generally, how many treatments are recommended? To properly learn the techniques of Self-Healing, a series of at least 12 lessons is recommended, although some students improve immediately with only one lesson. On-going weekly classes to maintain energy levels and positive attitude, along with client's daily 5-10 minute home practice is needed for best results. There is generally high compliance for Tai Chi as a prescription, because the practice is fun and easy.

What are the insurance coverage/limitations? Please include Medicare, MediCal, Worker's Comp and private insurance. I do not bill insurance. Client or the agency pays directly to me.

Submitted by: Glenda Hesseltine, MA, 268-3936

Tai Chi Instructor (Certified by American Arthritis Fdn)

ZEN SHIATSU THERAPEUTIC MASSAGE AND PILATES MAT CLASSES

Participants involved with the Pain Clinic planning process are requested to describe the type of treatment you offer in your practice. The purpose of this process is to improve the lines of communication among the healthcare providers through the development of a resource directory which will be posted on the Medical Society bulletin and the web page.

What is your area of expertise?

Zen Shiatsu Therapeutic Massage and Pilates Mat Classes

What types of pain is your Treatment Modality most appropriate?

Chronic pain and rehabilitation of injury to the neck, shoulders and back, muscle pain, spasms, circulatory illness, depression, fatigue and stress.

What modalities are used?

Zen Shiatsu Therapeutic Massage – the gentlest form of Shiatsu massage.

It works with gravity and body mechanics to provide solid, deep contact that is also wholly nurturing and relaxing. Zen Shiatsu works directly to calm the autonomic nervous system, soothing nervous distress and assists with blood and lymph circulation.

Pilates Mat Classes – is a form of body conditioning which helps to increase control of the core muscles of the abdomen and leads to strengthening of the low back muscles. Each exercise links breathing with strengthening and stretching. This series of controlled movements increases flexibility and helps your body to move freely.

What links happen automatically when someone is referred to you? For example, PT referral could trigger OT evaluation.

none

Generally, how many treatments are recommended?

For Zen Shiatsu Therapeutic Massage, one to four treatments are recommended for an acute injury.

For Pilates Mat Classes, it is recommended that the client enroll in ongoing classes to help increase control of the core muscles of the abdomen that leads to strengthening of the low back muscles.

What are the insurance coverage/limitations? Please include MediCare,

MediCal, Worker's Comp and private insurance.

No insurance coverage

submitted by: Sandy Ferguson

CHRONIC PAIN REGISTRY QUESTIONNAIRE

Vector Rehabilitation received a grant from the Humboldt Area Foundation and did a feasibility study regarding the possibility of developing a multidisciplinary chronic pain center in our community. For the past year, a group of interested professionals in Humboldt County have followed up and met to explore this possibility. Although the interest and need for such a center is quite high, it does not appear that we currently have the resources for a project of this scope. However, it may be feasible to develop a chronic pain management registry modeled after the diabetic management registry currently managed by the IPA. As we have many excellent medical professionals in our community who treat chronic pain, it is envisioned that this type of registry would improve multidisciplinary communication and facilitate a more comprehensive approach to treating chronic pain. It would also help facilitate encouraging the patient to be an active member of the multidisciplinary team and develop a self-management program.

1. Would a chronic pain management registry that would be accessible to health care professionals to coordinate pain management be helpful to you to manage your patients with chronic pain.

Yes ___ No ___ Maybe ___

2. Do you think developing guidelines for increasing patient participation in a self-management program for chronic pain would improve outcomes?

Yes ___ No ___ Maybe ___

3. Would you be willing to participate in developing a chronic pain management registry?

Yes ___ No ___ Maybe ___

Comments:

Name _____

Profession _____

Address _____

E-mail _____

RESOURCE GUIDE FOR CHRONIC PAIN MANAGEMENT QUESTIONNAIRE

This resource guide was developed by a committee of interested professionals who have been exploring the possibility of developing a chronic pain center in Humboldt County. Ann Lindsay, M.D. has organized and collated the information into a booklet that is easily accessible to health care providers. This information is also accessible on the HDNF Medical Society website (www.humboldt1.com/~medsoc). The intent is to inform the professional community who treat people with chronic pain what resources there are available in our community for the comprehensive management of pain. This resource guide is a work in progress and your input would be appreciated regarding how it could be more beneficial or comprehensive. Please fill out this questionnaire and return to Dr. Ann Lindsay, Humboldt Department of Health and Human Services, 529 I St, Eureka, Ca 95501 (fax 445-6097) or return it at the pain management conference today.

1. Do you find this information helpful in knowing where to refer you chronic pain patients for more comprehensive care?

Yes _____

No _____

Not Sure _____

2. What other resources would you recommend be added to this resource guide? Please list topic and suggested professional contributor.

3. How else could this resource guide be improved?

PAIN MANAGEMENT

Pain Categories and Methods of Pain Relief

Characteristics of Pain millions of Americans suffer from chronic pain which is one of the nation's most serious and baffling health problems. While many people focus on their back, their head or other localized sources of pain, there are some specialists who believe that pain could be a disease in itself rather than just a symptom. Every year forty percent of Americans have acute or chronic pain requiring treatment. All pain, whether acute or chronic is a message carried to the brain by nerves near the surface of the skin or deep within the body. The message is usually a warning of injury, organic disorder, or the effects of stress on the body. Acute pain- which is a sudden onset of brief duration, may be caused by an infection, accident, or surgery. Chronic pain which may be the result of a specific condition, does not diminish with treatment and does not go away with the passage of time. As the pain continues, it can affect personal relationships, professional commitments and self-image.

PAIN THEORY

An understanding of how pain happens is basic to finding more effective ways in dealing with it. There are millions of sensory receptors on the surface of the body and in it that keeps the brain informed about temperature, condition of organs, unusual changes and so forth. These receptors and the brain communicate in a complicated code through a network of nerves located throughout the body. Every nerve consists of bundles of fibers which can be categorized as large and small bundles. The large bundles carry impulses related to touch. The small bundles send messages slower than the large ones and carry pain in the pain impulses. Both sets of bundles meet at the spinal cord. Scientists believe that there is a gate-like mechanism in the spinal cord that can shut against pain messages. Relief associated with electrical stimulation or acupuncture may be the result of the pain gate being closed by using these methods.

PAIN CATEGORIES

Pain specialists have separated pain sources into six categories. These include:

*Joint and muscle pain, which account for the majority of patients attending pain clinics.

*Causalgia (ko-zal-je-a), which is the burning pain that follows a bullet wound or some other sudden shock to the nervous system. This type of pain is likely to go away within a few months, but in some cases, it could continue for years.

*Neuralgia (noo-ral-je-a), which originates in the peripheral nerves is triggered by cold air, chewing or stress.

*Phantom limb pain, which may originate sometime after an amputation is a mild sensation of "pins and needles" that turn into shooting pains that continue for years.

*Vascular pain is associated with dilated blood vessels around the brain that cause migraine headaches.

*Cancer pain is the result of destruction of tissue or blockage of major organs by a growing tumor, or spread of certain cancers that reach the spine and press on nerves.

PERCEPTION OF PAIN

Some people seem to be more sensitive to pain than others, and different people respond differently to different kinds of pain. In almost all cases, loud music or intense physical effort can override the pain messages. On the other hand, the intensity of pain can increase during fatigue, depression, or anxiety. Experiments have shown that the pain threshold can be raised not only by distractions, but by such techniques as hypnosis or meditation. A study on the chemistry of pain indicates that men are less sensitive to pain than women while older people are less sensitive than young. Many responses to pain are learned through cultural or parental patterns, and individual character traits have a great deal to do with susceptibility to chronic pain syndrome.

ACUPUNCTURE - Pain Relief Method

Many Western scientists remain skeptical about the validity of acupuncture as a therapeutic discipline, there is some evidence to indicate that the technique stimulates the release by the brain of endorphins (en-door-fins), naturally occurring painkilling chemicals, into the bloodstream. Acupuncturists use stainless steel fine-gauge needles inserted and rapidly rotated, and is sometimes combined with electrical stimulation. This stimulation is done at specific pressure points in the body.

ANESTHESIA - Pain Relief Method

Local anesthesia in the form of cocaine derivatives is used to deaden sensation. It is most frequently used in dentistry, although it may also be used on a short-term basis in back pain and to treat accident patients. It has limited long-term application, but it may be practical for alleviating the acute pain of certain neuralgias (noo-ral-je-as) or bursitis (burr-si-tis).

BEHAVIOR MODIFICATION - Pain Relief Method

This is a form of therapy that has its uses for people for whom chronic pain has become a way of life. It's also for those who use their pain as a way of gaining control over others. It's based on the assumption that many symptoms that started as authentic pain have become a habit that needs to be unlearned. People whose lives are closely involved with the patient are usually asked to participate in the therapy. Behavior modification is usually one of the many approaches used in pain clinics.

BIOFEEDBACK - Pain Relief Method

This is a technique that requires an intensive practice in concentration in which patients learn how to control certain involuntary body processes such as

constriction of blood vessels. By mastering this method, patients can reduce the chronic discomfort of vascular headaches and some type of stress-induced muscle tension.

CHIROPRACTIC - Pain Relief Method

This is a treatment based on the idea that most disorders results from pressure on the nerves caused by the faulty alignment of the spinal vertebrae (ver-ta-bray). Manipulation of the spine is the main technique. However, where problems of the spine itself are not the source of the chronic pain, chiropractic treatment has not proved relevant. Chiropractors are licensed to practice in most states.

ELECTRO THERAPY - Pain Relief Method

ELECTRO THERAPY seems to have an effect on the larger nerve fibers that either short circuits messages of pain, or that stimulates the release of endorphins (en-door-fins). The compact easy-to-use equipment can be operated by the patient as necessary. It is reported to be helpful in reducing chronic neck, shoulder and lower back pain.

EXERCISE - Pain Relief Method

Most chronic lower back pain is alleviated by strengthening particular muscles. Exercise such as swimming that induces relaxation can be helpful in alleviating stress-induced pain such as headaches, and regularly scheduled running is known to stimulate endorphin (en-door-fin) production in the brain and is responsible for a gratifying “high”. The very fact that exercise provides distraction, and in some cases, acute discomfort, increases its effectiveness as an antidote to certain kinds of pain.

HYPNOSIS - Pain Relief Method

There seems to be no general agreement about how or why it works, but hypnosis is not a generally accepted method of controlling and reducing pain. All hypnosis is self-hypnosis in the sense that the subject has decided to concentrate on producing a mental state that will diminish anxiety and suffering. When it does work, it has the advantage of being free of unpleasant side effects no matter how often it is used.

MASSAGE - Pain Relief Method

People who suffer from acute pain are rarely free of anxiety and can benefit from the relaxing results achieved by a competent manipulation of tight muscles. One technical explanation for the effectiveness of massage is this – if you bombard the nervous system with impulses from the periphery (purr-if-ury), you interfere with other impulses. Masseurs must be licensed in most states, and referral by a doctor or hospital insures reliability.

MEDICATION - Pain Relief Method

Painkilling drugs range from over-the-counter medications such as aspirin and acetaminophen to powerful narcotic analgesics. Some painkilling drugs work

through the central nervous system to alter local pain perception. Others act as muscle relaxants, and still others alter a body process. Examples of the latter are drugs that inhibit the body's release of hormone-like substances that are thought to contribute to certain types of pain. These drugs, commonly called non-steroidal anti-inflammatory agents, are now prescribed to treat arthritis and other musculoskeletal pain, menstrual cramps, and certain inflammatory disorders. Doctors have long been aware of the placebo effect – the beneficial results to many patients of providing the equivalent of sugar water as medication. It has recently been discovered that when a placebo is taken by a patient with the anticipation of benefit, this state of mind triggers the release of endorphins (en-door-fins). Some specialists go so far as to say that discreetly administered placebos provide pain relief to about one-third of the population.

MEDITATION - Pain Relief Method

One of the most popular self-help techniques in recent years for the alleviation of pain is meditation. Like biofeedback, this enables people to gain control over their body states once they've mastered the discipline. The positive results of diminishing pain and pain perception through this altered state of consciousness is yet another indication of the relationship between brain, mind and body.

PSYCHIATRY - Pain Relief Method

Pain presumed to originate in the stress of emotional conflicts is called, function or psychogenic (sy-col-genic) pain. It's just as real and distressing as pain that has an obvious cause. Most often, function pain has a component of anxiety or suppressed anger that leads to constant and immobilizing headaches or right muscles causing neck and shoulder problems.

SURGERY - Pain Relief Method

One of the oldest procedures for surgical relief of pain is a chordotomy (cord-otomy), in which certain nerve pathways are cut or sectioned off. This is now considered the treatment of last resort and is usually reserved for certain types of neuralgia (noo-ral-je-a) or the burning pain that follows shock to the peripheral nervous system.

PAIN CLINICS

Since 1960, when the first pain clinic was established at the University of Washington in Seattle, similar comprehensive treatment centers have been organized all over the country. Most of them are attached to hospitals and call on the services of many specialists. Seattle's Dr. John Loeser has pointed out that the "overwhelming majority of chronic pain patients need to have their whole lives examined." To accomplish this may require the combined expertise not only of particular medical doctors but also neurologists, orthopedists, psychiatrists, physical therapists, and psychologists skilled in training the patient in techniques or self-help. Anyone wishing to investigate the services of a pain clinic should ask the family physician for a referral or contact the director of the department of anesthesiology at a hospital attached to a university medical school. While

many specialists have come to think of chronic pain as a disease in its own right requiring treatment, patients who wish to attend a pain clinic should find out the costs, which may be considerable, are covered by the terms of their health insurance policies.