

Team Based Pain Care

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Declaration

I have no conflict of interest to declare.

Title

What is Pain?

Is it nociception?

- Nociception is the input into the spinal cord and the somatosensory cortex from the periphery.
- Nociception is neither sufficient nor necessary to the experience of pain.
- Pain is more properly seen as an output of the central nervous system.

What is Pain?

- A biopsychosocial model?
- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

IASP definition (1994)



Pain Neuroscience Education

- “So what is Pain Neuroscience Education?”
- Patient education that focuses on the complexity of pain. If pain isn’t nociception than “Hurt doesn’t necessarily mean Harm”
- Metaphors
- What you think and say and do is very important to your experience of pain and this is what we mean by active treatment on a broader scale.

Pain Rehabilitation

- Pain Rehabilitation focuses on restoring function rather than relieving pain.
- It is not the first step in evaluating and treating painful conditions.
- It should be considered when degree of pain and disability is out of proportion to objective findings or when usual treatment is unsuccessful.

Normalizing the Experience

- We are all afraid of pain that is how it works.
- Pain keeps us from overdoing it too soon.
- The goal is to return to normal levels of activity as the body heals.
- It is important to keep a positive attitude.

Goal Setting

- For patients in need of intensive pain rehabilitation
- Distinguish chronic pain rehabilitation from biomedical pain treatment.
- Describe integrated treatment model of multidisciplinary pain treatment.
- Help patient identify specific functional goals for treatment.

Anticipate Roadblocks

- Are you saying it is all in my head?
 - No, but what is in our head can affect how we deal with pain. Fear, Anger, Depression etc.
- Are you going to take away my pain meds?
 - They are not a long term answer. They cover up the pain and they are not good in the long run. The longer you take them the harder it will be.
- What if there is something wrong that we haven't found yet?
 - We aren't going to close our eyes to that possibility. We are going to approach management in a stepwise manner which involves the least risk for you and best chance of recovery.

Shared decision making

- What is the biggest problem right now?
 - Work, sleep, mood, weakness, driving, etc...
- What treatments do you want to avoid?
 - Opioids, surgery, antidepressants, things that make you sleepy or gain weight
- Are there social issues playing a role?
 - Issues at work, home, financial, other stressors
- What are you most afraid of?
 - Disability, loss of role in family or at work, recreational activities

- ***Explain Pain Supercharged*** ;Moseley and Butler: NOI Publications, Adelaide 2017
- <https://www.retrainpain.org>: Retrain Pain Foundation, NY, NY
- <https://www.painscience.com>; Paul Ingraham
- ***Recovery Strategies - Pain Guidebook***: Greg Lehman on Line Free Download