

PRESIDENTS MESSAGE

John Garizone, PT, DPT, DAAPM

PLACEBOS

To quote Yogi Berra, “Baseball is ninety percent mental and the other half is physical.” That can also be said of physical therapy for the patient in chronic pain. The common definition of placebo is an inert substance or medical treatment performed on a subject, and the placebo effect as the response to this inert substance or treatment. The definition of placebo effect has been expanded by DiBlasi et al¹ to include the entire process that healing has on a patient, especially the doctor-patient relationship. Treatments (both actual and inert) are administered within a context and it is the context that is crucial.

In the literature, experimental procedures are compared to placebo controlled subjects. Does the experimental model always carry over to the clinic treatment of the pain patient? Understanding the patient is just as important as understanding the pathology and treatment that will be undertaken. The therapist-patient relationship is part of the entire framework of pain relief and improved function. Placebo effect does not involve fooling a patient with inactive treatments, but treatment success can be gained by the therapist’s role in providing the patient with hope. This is done by not only using skill and techniques but also by preserving the interpersonal dimension of physical therapy as a humanitarian art. A clinician’s words of positive attitude, friendliness, and empathy can have a positive effect on patient’s health²⁻⁴ just as a negative clinician’s attitude can have a negative effect on the patient.⁵

In a *Journal of Orthopaedic and Sports Physical Therapy* Letter to the Editor one of our members stated that “nonspecific mechanisms (ie, placebo and patient expectation) have also demonstrated a profound effect on pain outcomes. For example, a placebo suggested to be a potent pain reliever has demonstrated similar analgesic properties as Lidocaine.”⁶ Patients who have high expectations of treatment success have better outcomes than those who do not have high expectations.⁷ Humans possess a pain modulating mechanism that is nonlinear, adaptive, and responsive to both internal and external environments which can be conditioned. The response of this system appears to be determined by genetics and interactions with various environmental factors throughout one’s lifespan. The adaptability of this mechanism allows for a reduction of pain as well as possibly reducing many of the physiological responses, such as inflammation and immunologic changes.⁸ Perhaps, many of our treatment successes are a result of the nonspecific mechanisms that the patient brings to the treatment session as well as the therapists positive outlook. I don’t know what it is specifically, but I will use everything in my toolbox that will affect a positive change in my patient.

Hope you all enjoy a great summer. - John

REFERENCES

1. DiBlasi Z, Kleijen J. Context effects: powerful therapies or methodological bias? *Eval Health Prof.* 2003;26:166-179.
2. Turner JA, Deyo RA, Loeser JD, von Korff M, Fordyce WE. The importance of placebo effects in pain treatment and research. *JAMA.* 1994;271:1609-1604.
3. Thomas KB. General practice consultations: is there any point in being positive?” *Br Med J.* 1987;294:1200-1202.
4. Gryll SL, Katahn M. Situational factors contributing to the placebo effect. *Psychopharmacology.* 1978;57:253-261.
5. Benedetti F. How the doctor’s words affect the patient’s brain. *Eval Health Prof.* 2002;25:369-386.
6. Bialosky JE, Bishop MD, George SZ. Letter to the editor: Regional interdependence: a musculoskeletal examination model whose time has come. *J Orthop Sports Phys Ther.* 2008;38:159.
7. Kalauokalani D, Cherkin DC, Sherman KJ, Koepsell TD, Deyo RA. Lessons from a trial of acupuncture and massage for low back pain: patient expectations and treatment effects. *Spine.* 2001;26:1418-1424.
8. Collen M. Placebos in pain management. *Practical Pain Management.* 2007;17:28-29.