

PAIN MANAGEMENT

SPECIAL INTEREST GROUP

President's Message

John E. Garzione, PT, DPT, DAAPM

CSM 2010 was again a great success. The only complaint I heard was there was so much great programming and so little time to see it all.

The PMSIG's program entitled "Factors that influence musculoskeletal pain: fatigue, sex, personality, psychology, and genetics" presented by Kathleen Sluka, PhD; Laura Frey-Law, PhD; and Steven George, PhD was well attended and extremely interesting. I again thank these excellent presenters/researchers for their work and their informative presentation which adds to our evidence-based practice.

SURVEY RESULTS

Thirteen percent of our members took the time to answer our online survey. While I was disappointed at the low number of responses, the researchers of the group felt that this was a higher percentage than average for a survey. If you would like a copy of the results, please email me at johngarione@frontiernet.net. I will be happy to provide you with the responses. The most significant results are listed below.

- 37% have an advanced doctorate, 16% BS/BA, 14% entry level doctorate, 12% advanced masters.
- 77% have 11+ years of clinical experience.
- 37% work in an outpatient facility, 23% work in private practice.
- Most respondents were members of other pain organizations and held other advanced certifications.
- 88% felt there was a need to obtain advanced training in pain management physical therapy, 79% were not interested in providing a residency/fellowship in pain management PT, and 61% were not interested in attending a residency/fellowship in pain management PT.
- Most respondents use additional pain descriptor tests in addition to the VAS, and evaluate patient's nutritional, pharmaceutical use, and/or habits.
- Interdisciplinary team approach: 65% use primary care physicians, 63% use pain specialists, 65% do not use OT, 72% do not use massage therapists, 72% do not use acupuncturists, 63% use mental health providers, 72% do not use osteopathic physicians, 77% do not use chiropractors, and 88% do not use naturopathic physicians.
- 55% were most comfortable in referring to other disciplines, 31% were somewhat comfortable.
- 74% have referred patients to a specialty pain clinic with 100% of these were referred to an outpatient facility.

PRACTICE TECHNIQUES:

- 48% felt acupuncture/acupressure was somewhat important
- 51% felt craniosacral therapy as unimportant

- 48% felt energy treatments were unimportant
- 52% felt manipulation/mobilization was very important
- 52% myofascial release was very important
- 33% massage was somewhat important
- 42% traction/decompression was somewhat important
- 41% trigger point therapy was very important
- 33% visceral mobilization was unimportant followed by 31% were neutral
- 40% biofeedback was somewhat important
- 32% high voltage electrical stimulation was unimportant
- 29% iontophoresis was somewhat important and 29% unimportant
- 48% laser was unimportant
- 45% microcurrent was unimportant
- 27% ultrasound was neutral and 27% unimportant
- 81% aerobic exercise was very important
- 50% neutral to Alexander techniques
- 36% somewhat important to Feldenkrais
- 50% very important for functional resistance exercise
- 43% somewhat important for guided imagery
- 48% somewhat important for isometric exercise
- 45% somewhat important and 43% very important for isotonic exercise
- 36% somewhat important for meditation with 29% very important and 26% neutral
- 41% neutral for Pilates, 33% somewhat important
- 50% neutral for Qi Gong
- 60% very important for relaxation
- 43% somewhat important and 38% neutral for Tai Chi
- 50% somewhat important for Yoga
- 88% felt that coping mechanisms were very important
- 60% rated that an enabling environment was very important
- 34% were neutral to race/ethnicity and 32% felt it was somewhat important
- 56% felt a non supportive environment was very important
- 88% felt psychological factors were very important
- 47% felt religious/ spiritual beliefs were somewhat important, 40% felt they were very important
- 49% felt neutral about sex/gender with 29% somewhat neutral
- 81% give recommendations about behavioral cognitive techniques
- 74% suggested dietary/nutritional changes
- 70% gave recommendations about medication benefits, adverse effects, and timing
- 56% gave no recommendations about supplements
- 51% gave recommendations about topical creams and compounds

These results will help guide us to educational topics and continuing education module topics in the future.

PAIN SIG MEETING MINUTES CSM 2010 SAN DIEGO

Friday, February 19, 2010

The meeting was called to order at 7:10 a.m. by John Garzione, President.

Bill O'Grady the BOD liaison to the PMSIG attended.

Last year's minutes were read and approved.

All attendees were again thanked for their involvement with SIG activities over the past year. We can still use more articles for the OP newsletter. These articles can be emailed to johngarzione@frontiernet.net for submission.

The results of the survey were provided. The initial survey to determine if a practice analysis is feasible was completed by 13% of the members. The majority of respondents have their doctorate degree with over 11 years of clinical experience. The majority felt that there was a need to obtain advanced training in Pain Management; however, this majority was not interested in providing a residency/fellowship in Pain Management. Discussion was held and agreement reached that a subspecialty in pain management be offered to our members in the form of home study/internet course modules and a final test leading to a credentialed subspecialist in pain management physical therapy. The modules would be written to present the newest research of pain mechanisms and to focus on the treatment of various conditions such as Fibromyalgia, CRPS, OA, etc. A committee of Kathleen Sluka, Laura Frey-Law, Joel Bialosky, Janice Brown, and John Garzione were charged to find authors or write modules for this upcoming project.

Bernadette Jaros was elected to a 3-year term and Neena Sharma was elected to a 2-year term to the Nominating Committee. The positions of President and Vice President are open for election this year and nominations for these positions should be emailed to either Bernadette or Neena for inclusion on the ballot (bernie.jaros@verizon.net or NSHARMA@kumc.edu).

Marie Hoeger Bement, Vice President of the SIG, attended the Orthopaedic Section's Fall Meeting in La-Crosse, Wisconsin.

Beth Jones, Education Chair of the Orthopaedic Section, suggested that submitted topics for CSM be titled to attract the attention of the reviewers and prospective attendees.

The meeting was adjourned at 7:50 AM.

*Respectfully submitted,
John E. Garzione, President*



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