

SPECIAL INTEREST GROUP

ORTHOPAEDIC SECTION, APTA, INC.

The Paradigm of Pain in the 21st Century

The number 1 complaint in any physician's office is pain, most commonly musculoskeletal pain. Over \$250 billion was spent in 1999 for the management and treatment of musculoskeletal pain. Recent surveys show that 89% of adults experience pain at least once a month. Forty-six percent of women and 37% of men experience some type of pain daily. The most common type of pain is joint pain. Backaches and muscle pain were next followed by arthritis. Now 9 of 10 Americans believe alternative medicine can offer significant relief of their symptoms.

The United Nations, World Health Organization, and 22 countries have declared the years 2000- 2010 as "The Bone and Joint Decade." New diagnostic techniques, new interventions, and new medications will be developed for the treatment of musculoskeletal pain. Blended medicine is becoming the new paradigm for the 21st century.

What are we as physical therapists going to do? Is pain a problem? What is blended medicine? Are there new hands on techniques? Will industrial rehabilitation help? Does electrotherapy work? Are nutritional supplements beneficial or dangerous? Do magnets or lasers work?

"The Paradigm of Pain in the 21st Century," a preconference course for CSM 2001 in San Antonio should provide answers to many of these questions.

Don't miss out on the exciting new interventions for treating acute or chronic pain. Don't be left behind.

Tom Watson, PT, MEd, FAAPM President Pain SIG

Alternative Treatments for Arthritis

Arthritis sufferers spend over \$1 billion a year on unproven remedies for relief of their pain and symptoms. These treatments include copper bracelets, honey, bee stings, vinegar/apple supplements, DMSO, and elimination diets, as well as lasers, biofeedback, magnets, fish oil, yucca plants, and snake venom. None of these treatments are based upon scientific research, but only on anecdotal responses. DMSO, snake venom, and megavitamins can be very dangerous to your health.

Glucosamine and chondroitin sulfate have been used by veterinarians for years to treat arthritis in horses and other large animals. The supplements have been derived from crab, lobster, or clam shells and cow tracheas. It is estimated that approximately 5 million people per year try this supplement for relief of their symptoms. It now appears the anecdotal results have

given rise to a new investigation by the NIH to begin a \$10 million research project involving 1500 patients to look at the 2 supplements individually and when combined together for relief of pain and treating the underlying arthritis.

In an article published this month in the journal, Osteoarthritis and Cartilage, the lead author suggested that treatment within the supplement was more effective than a placebo for the treatment of pain and movement in 93 patients with arthritic knees. Another study involved 34 Navy personnel with knee and back pain. The effects on back pain were unclear but the study found knee aching was relieved.

Does this stuff actually work and is it effective? The American College of Rheumatology, suggested on its website that glucosamine can slow cartilage breakdown. Another source states glucosamine can stimulate cells that produce cartilage. Dr. Robert Schenk, Associate Professor and Deputy Department Chairman of Orthopedics at the University of Texas Health Sciences Center San Antonio believes this can have an significant effect. He suggests glucosamine may ultimately be shown to have chondroprotective qualities. Chondroitin sulfate may block the enzymes that breakdown old cartilage.

Many orthopedists are recommending the use of glucosamine and chondroitin sulfate for their patients. There are contraindications including pregnancy, diabetes, or concurrent use of blood thinning drugs. Another consideration is cost, which is approximately \$1 per day for 8 weeks.

The anecdotal responses I receive from my patients range from complete relief of symptoms to no help at all. So what's the answer? Let's hope the study by the NIH will give us some answers.

REFERENCES

Minneapolis Star Tribune, Sunday, Oct. 8, 2000, Health page E5 www.discoveryhealth-com/EMDSCOOO/9071/9219.HTML Orthopedic Technology Review, Volume 1, No. 1, April/May 1999 page 14

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DON'T BE A PAIN

Join the Pain Special Interest Group and feel the relief of being part of a group of pain guys and gals. New blood is needed but it won't hurt. Call the Orthopaedic Section and join today.

Come to the Pain SIG Business Meeting at the CSM in San Antonio and get the scoop.