



Pain MANAGEMENT

SPECIAL INTEREST GROUP • ORTHOPAEDIC SECTION, APTA, INC.

President's Message

This is my last letter to you as President of the Pain Management Special Interest Group of the Orthopaedic Section of the American Physical Therapy Association. Seven years ago at an American Academy of Pain Management Meeting in Vancouver, Canada, Gaetano (Gerry) Scotese, PT, John Garzione, PT, and I sat down with several other physical therapists and discussed the formation of a special interest group on pain management. We approached the Orthopaedic Section of the APTA and received approval to form a SIG. Gerry Scotese and I sat down and wrote the bylaws for the Pain Management Special Interest Group. Gerry became the first President, I was the Vice President, and John Garzione has served as the Secretary for the past 6 years. I assumed the presidency in 1996 following the untimely passing of Gerry.

The Pain SIG has provided programming to the Orthopaedic Section at CSM over the past many years including: Cold Laser Therapy, Chronic Pain and Exercise, Psychological Aspects of Pain, Industrial Rehab and Anatomy of Pain, and the preconference course of the 2001 CSM—The Paradigm of Physical Therapy and Pain in the 21st Century.

A new slate of officers has been nominated. They come highly recommended and include Joe Kleinkort, PhD, PT for President, John Garzione, PT for Vice President, and Elaine Pomerantz, PT for Secretary. You will be receiving ballots in the mail, and we urge you return these.

I have immensely enjoyed serving you as President of the Pain SIG for the past 5 years. I now temporarily retire to the back row to watch with excitement the advances in pain management that will be presented to you over the coming years. Thank you very much to Bill Boissonault, PT, DPT, MS, past president of the Orthopaedic Section for assisting us in formation of the Pain SIG, the Orthopaedic Section, and all of you who attended our CSM program. It has been a pleasure.

*Tom Watson, PT, MEd, FAAPM
Past President of the Pain SIG*

Too Good to Be True...Autonomic Modulation...Fact or Fiction

By Joe Kleinkort, PT, MA, PhD

"The artist is nothing without the gift, but the gift is nothing without the work."

Emile Zola (1840-1902)

Astonishing is a word that is not often used in the medical literature but even that word doesn't tell the story of promise for those with chronic intractable pain, especially those who suffer from CRPS (complex regional pain syndrome), formerly called reflex sympathetic dystrophy. There is a radically new modality now being released that will revolutionize the way this complex pain syndrome has been treated in the past. All practitioners who have dealt with this complex problem know of its devastating sequelae and moreover, the ramifications it has on mind, body, and soul! Finally there is a modality, STS, that can in over half the patients treated offer significant, if not total relief of the pain syndrome so that these patients can get on with a modulated exercise approach to return them to full function and enjoyment of life.

I have had the pleasure to evaluate the prototype model for the past 2 months on some of the patient with chronic pain I see in my "free" clinic. I can truly say that I have never seen such a dramatic response to any modality. Certainly there are some patients who don't respond but they are in the minority. I never expected such a revolutionary treatment when I initially wrote the chapter in *Therapeutic Medical Devices*.

The unit itself employs 8-paired channels to bombard the autonomic system in both the lumbar and cervical spine. A dermatomal placement of electrodes is critical to success depending upon the diagnosis. Usually when relief is enjoyed, it is from a few hours to over 24 hours and then the treatment is repeated. For optimal treatment, a 7-day protocol is preferred. After clinical success is established, the patient can be placed with a home unit and on a home program or clinical program of exercise to rehabilitate the loss of function. The results of the specific protocols are almost unbelievable in the chronic pain population.

In one study, Steven Sacks, MD, a physiatrist, looked at 70 patients treated with this modality, seeing an overall improvement in pain in 64% of the patients, a 50% decrease in use of medication, a 49% increase in sleep, and a 55% increase in activity. Two other studies are ongoing are with Lyn