Pain MANAGEMENT

SPECIAL INTEREST GROUP • ORTHOPAEDIC SECTION, APTA, INC.

President's Message

Joe Kleinkort, PT, MA, PhD, CIE

At this writing, it is a few weeks after the WTC disaster and I am receiving a large number of calls from fellow therapists all over the US saying that their caseloads are up with people complaining of various types of pain and wondering if there is any connection. The answer is definitely YES!

We must realize that pain is a response that is not limited to the body. It is a mind, body, spirit response. The consequences of the attack first start out with grief of loss, stress and anxiety, and fear. This creates in the individual a certain hypersensitivity of the entire person. This hypersensitivity is not only at the bodily level but also at the psychological level and even the cellular level. The immune system mirrors your vigilance and attitude and becomes intense and anxious looking for the source of discomfort and pain. A side effect of this reaction is often to stimulate a chronic type muscle spasm especially in the back and neck causing headaches and various other types of chronic pain response. The result is an increase in the numbers of people who present with subacute or chronic pain syndromes of unknown etiology. As therapists we are one of the few health care providers that still spend enough time with the person so that they are able to share their concerns. This is critical to solve the mirrored responses of the body. It is important that you be aware of this phenomena and are able to respond appropriately to the person who presents with it.

It is important that the therapist identify the concern the patient has and is able to LISTEN carefully to the individual. Be a good listener but do not offer unqualified therapy. If you believe that the person is having a difficult time and may need to discuss feelings with a professional, let their physician know or suggest they consult one. If you feel the person is in immediate need of care, call the physician and discuss that immediately. The ability of the therapist to listen and offer support and guidance at the easiest level is often all these patients need. One of our greatest strengths as therapists has been lending an ear in a time of need. We may be one of the last of a vanishing breed of health care providers willing and able to do this. This is one of the most powerful forms of therapy you will ever use with the patient...the art of listening!

Pain SIG Programming at CSM

Chronic Musculoskeletal Pain: *What Is It and How Do We Treat It?* will be presented by Kathleen Sluka PT, PhD. The program will explore the mechanisms behind joint mobilization analgesia and electronic neuromodulation. Literature will be discussed that deciphers the mechanisms involved in the reduction of pain produced by neuromodulation and joint mobilization utilizing the animal model of musculoskeletal pain. The clinical implications of the basic science mechanisms involved in these treatments will be discussed. This will certainly give us a better realization of what we do as therapists and the physiology behind the choices we have for treatment.

Elaine Pomerantz, PT will be addressing an overview of chronic pelvic pain. She will be giving an overview of the various chronic pelvic pain syndromes and some of the efficacious treatments for them. Both programs will present information the therapist will be able to immediately put to good use. I encourage each of you to join us for these highly informative lectures and the business meeting to follow. We would like to expand into a few committee areas and have a stronger representation from the Pain Management SIG. I look forward to meeting each of you there in Boston for the 2002 CSM!

EEG NeuroFeedback

Dede Lewis, PT

As a PT who has treated patients with chronic pain conditions, particularly headache, neck, and TMD for the past 12 years, I am always looking for improved methods to achieve good outcomes in terms of reduced pain and improved function. I have used surface electromyography with decent success during this time, as an adjunct to a treatment program including education, therapeutic exercise (primarily Feldenkrais-based), mobilization, and modalities. In reading the literature in biofeedback over the past few years, I began seeing more articles on the use of electroencephalographic neurofeedback as a treatment for central nervous system disorders.[1,2] Eventually references to chronic pain began to surface.[3] My interest was piqued as I began to think that this modality might finally allow access to the *central* processor in central pain disorders.

After looking into it for over a year, we decided to implement an EEG neurofeedback program at our clinic. After doing some intensive training, I began treating patients with EEG in February 2000.

The types of patients selected for treatment have included: TMD/bruxism (clenching/grinding), tension headache, cervicalgia, fibromyalgia, myofascial pain, low back pain, and dystonia, amongst a smattering of others. The results have been quite astounding in many cases. Again, used as a part of an overall program as noted above, EEG has proven to be a very effective tool in assisting patients in changing in the patterns that are unconsciously perpetuating their problem. It has meant