



Pain MANAGEMENT

SPECIAL INTEREST GROUP • ORTHOPAEDIC SECTION, APTA, INC.

The President's Message

Joseph A. Kleinkort, PT, MA, PhD, CIE

As I return from CSM this year, I am amazed at the unbelievable quality of the programming. Never have I sat in on such power packed presentations and not just a few of them, but almost every one! If you haven't been to CSM in a few years I urge you to go to Nashville next year. There is no way you can learn so much in such a short period of time any other way.

This year the Pain Management SIG was honored to have a tremendous preconference course with Russ Foley, PT, MS presenting the Neuroplasticity of Pain. I believe it was the finest 4 hours of a compilation of how pain actually functions in the human body. It was truly a treat and all were amazed at all the material we covered. The afternoon was a treat with Dr G. Frank Lawlis presenting. Dr. Lawlis is a psychologist who also is the ghost writer for Dr Phil on TV and assists him in picking all of his patients. He is the author of the Dallas Pain Questionnaire, which is widely used by physical therapists. His presentation gave us new insights into how we can deal *out of the box* with patients with chronic pain. We hope that he can get back soon to reveal more of his psychological secrets to unlock the management of difficult pain.

Almost 200 people came to hear John Iams, PT, MS presenting his revolutionary new Pain Reflex Response Treatment (PRRT). All were tremendously impressed. One individual, when interviewed after, said it was one of the most refreshing new concepts that he has ever seen, and this individual is not easily impressed. I was amazed at how quick the evaluation and treatment process truly is. I also was amazed at the subjective and objective changes that occurred with simple reflex inhibition. There is definitely an art to this work and it seems that not only is the musculature affected but also the sympathetic/parasympathetic tone. The therapist, with use of simple reflexes, is actually able to modulate the tonus of a person who is in an obvious state of hyperarousal. Of the 20+ therapists seen with a wide variety of ailments, none were less than 50% improved and many had their pain abolished. I highly recommend this work as an intervention that is a MUST for the therapist to have in their arsenal. John will be offering courses in April and May near San Diego. I was so impressed that I have canceled other engagements in order to attend the workshop. This work is mandatory for any therapist addressing myofascial pain or just pain in general. We hope that John will give a preconference course next year in

Nashville just to introduce the concept to therapists interested in the management of chronic pain.

I also wish to take this opportunity to thank the SIG Board for their hard work this year. John Garziona, VP; Elaine Pomerantz, Secretary; and Scott Van Epps, Treasurer. A special word of thanks to Stefanie Snyder, who will be sorely missed by all as she leaves La Crosse to get married. She has been such a powerhouse at the Section office. She has greatly assisted me in understanding all that was happening. We wish you well Stef! We also welcome Jessica Hemenway who will take her place.

I continue to encourage your articles for publication and also ask for any recommendations for our portion of the web page.

Reflexes Rule and Can be Cruel

John F. Iams, PT, MA

Could there be a missing piece to the puzzle of pain currently not being examined by even the most competent practitioners? The answer is a resounding, YES!

Over the decades we've examined and treated most components of the musculoskeletal system. Practitioners have developed and fine-tuned fascial, joint, neural, and muscle release techniques. Why not techniques to release aberrant reflexes in somatic structures such as the ones previously listed?

Our nervous system is a marvelous, elegant array of neurochemical circuitry. Reflexes are an integral portion of this hard-wired by birth system. Two primal ones which seem to have the greatest potential for problems of pain and motion limitation are the startle and withdrawal reflexes.¹

In the infant the startle reflex is known as the moro reflex. After infancy, it can be triggered by a number of sensory stimuli, including auditory, visual, olfactory, and touch. The relationship of the startle reflex to post-traumatic stress disorder is beginning to find its way into the literature relating to past traumas.² Could the startle reflex be present in many of the patients seen in our practices?

The withdrawal reflex has been referred to as the classical flexor and the pain withdrawal reflex. It is now apparent the term flexor reflex is not entirely descriptive of the limb movement, as it may incorporate other patterns, ie, abduction, in an effort to move away from the noxious stimuli.³

Although these and others reflexes have been gifted to us for survival, they may represent a previously unrecognized source of pain.