

painmanagement

SPECIAL INTEREST GROUP

PRESIDENT'S MESSAGE CAM AND THE PHYSICAL THERAPIST

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Just returning from the American Academy of Pain Management Meeting, I was recharged and curious. I was recharged with new knowledge that will help me in my practice, but very curious as to why the subject of CAM (Complementary and Alternative Medicine) was gaining more popularity and lecture time in a multidisciplinary meeting. A cursory search of Pub Med led me to 702 articles about CAM dating back as early as the 1950s and ending with 2007 with a majority of articles written in the past 7 years. CAM treatments include: chiropractics, acupuncture, massage therapy, biofeedback, prayer, and naturopathy. The list of therapies included under CAM changes gradually. If and when an approach regarded as “unproven therapy” is proven to be safe and effective, it may be adopted into conventional health care and over time may cease to be considered “alternative.” The most cited reason for persons using CAM is chronic musculoskeletal pain with 84% of the people who were questioned in England using at least one CAM treatment for pain the previous year, and 80% of those had previously used conventional treatment. Sixty-nine percent of the respondents used a combination of CAM and conventional treatments with the most popular CAM treatments being Glucosamine and fish oil.¹ In The United States, 56% of the people who were in pain, obtained relief from conventional medical care and 92% of pain sufferers tried 3 or more CAM treatments even though many CAM treatments were not covered by health insurance.²

Evidence based usage of CAM treatment using double blind placebo controlled experiments are limited. Although advocates of alternative medicine acknowledge that the placebo effect may play a role in the benefits that some receive from alternative therapies, they point out that this does not diminish their validity. Researchers who judge treatments using the scientific method are concerned by this viewpoint, since it fails to address the possible inefficacy of alternative treatments. As long as alternative treatments are used alongside conventional treatments, the majority of medical doctors find most forms of complementary medicine acceptable. Most patients are reluctant to share information about their use of CAM therapies because they are concerned that their health care provider will disapprove. By remaining open-minded, you can learn a lot about your patients' use of unconventional therapies.

I recommend asking *every* patient about his or her use of alternative therapies during routine history taking. One approach is simply to inquire, “Are you doing anything else for this condition?” It's an open-ended question that gives the patient the opportunity to tell you about his or her use of

other health care providers or therapies. Another approach is to ask, “Are you taking any over-the-counter remedies such as vitamins or herbs?”

Although knowledge about vitamins and herbs are not a major focus of our profession, it behooves the practicing physical therapist to have a working knowledge of the effects, side effects, and interactions from the most common preparations. For example, a person who takes Coumadin may be cautioned about not taking Ginkgo biloba as bleeding times may increase with this combination.³

So why is it important for the pain management physical therapist to learn about CAM? I'll leave the rest of the answers up to you.

REFERENCES

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