PAIN MANAGEMENT

SPECIAL INTEREST GROUP

PRESIDENT'S MESSAGE

John E. Garzione, PT, DPT, DAAPM

It is hard to believe that CSM is quickly approaching and the Holidays are over. Wishing you all the best in the New Year.

This year's schedule is for the PMSIG's business meeting to be held on Friday, February 11th at 7:00 to 8:00 a.m. which will be followed by our program entitled "Enhancing Clinical Practice Through Psychosocial Perspectives in the Management of Low Back Pain" presented by: J. Reynolds from the APTA Publications Department in Alexandria, VA; C. Main from Keele University in Staffordshire United Kingdom; and S.Z. George from the University of Florida in Gainesville, FL.

This session will explore cutting-edge and future directions in the psychological approaches in health care, with the focus on musculoskeletal disorders, particularly low back pain. The presenters will review the current knowledge and the exciting opportunities in research, practice, and education. This international, multidisciplinary panel consists of authors who contributed to the PTJ special issue on psychological perspectives (February 2011) and will discuss topics ranging from psychological disorders versus normal psychological processes (beliefs, emotions, and behavior), relevant psychological models for development and maintenance of chronic low back pain, importance of context and timing in examination, influences on pain and disability, influences on outcome (predictors, mediators, and moderators), screening and risk identification, modifiable versus unmodifiable risk factors, psychologically informed interventions, evidence for commonly implemented psychological and behavioral interventions, moving from treatment to prevention, "blue flags," occupational obstacles to recovery, and challenges to professional education.

RANDOM THOUGHTS

1.) What did Harvey Korman (Blazing Saddles star), Senator Bob Dole, Dole's father, and Albert Einstein have in common? They all had aortic abdominal aneurysms (AAA, and not the helpful triple A) that killed all but the Senator, who underwent corrective surgery. Why would I mention this in this message? Because it affects 2% to 4% of all adults and is the thirteenth leading killer favoring men seven times more than women. It commonly occurs at 55 years old and peaks between the ages of 65 to 75. There may be no symptoms except for a nagging pain in the back, stomach, neck, or scrotum which, if missed by the physician, may lead a person to physical therapy for pain management. Our evaluation in this age group should include palpation of the abdomen. If a pulsating mass is detected, and the person is not pregnant or harboring an alien, then an aneurysm should be suspected and the patient sent for ultrasound or CT work-up to determine the size of the beast. A normal aorta is 2 cm in diameter while 3 cm and greater is "aneurismal." If the diameter is more than 5.5 cm or it is growing more than .5 cm a year, the patient will be spending special time with his favorite surgeon.[1]

2.) Have you ever noticed that some patients are more compliant with their home exercise programs than others? After many years of pulling my hair out, which is one reason why I have that noticeable bald spot, I looked into the separate learning processes of people. OK, OK I know that most of you educators are aware of this but I am a slow learner in this respect. Some people are visual learners, like my wife who I have to draw pictures for her to get her to remember anything, and others are strictly auditory learners, like me. The visual learners do well with the exercise diagrams while the auditory people glance at the diagrams with a total look of confusion. (I think that is why many men never look at the directions to assemble items because all of those confusing pictures). The auditory learners learn by listening to the spoken word with key reminders written. Visual learners remember best what they see: pictures, diagrams, flow charts, time lines, films, and demonstrations. If something is simply said to them they will probably forget it. Auditory learners remember much of what they hear and more of what they hear and then say. They get a lot out of discussion, prefer verbal explanation to visual demonstration, and learn effectively by explaining things to others.[2] So now, even in the busy clinic environment, I not only give the written diagrams, I give verbal instructions, and demonstrations and then ask the patient to demonstrate the program back to me. It takes a lot longer to do, but this way I am sure that I have covered all bases of the patient's learning style. My next process in self discovery is to determine why I never stop to ask directions.

Hope to see many of you at CSM.

REFERENCES

1. Sackier JM. Avoiding cockpit explosions. *AOPA Pilot*. 2010:34.
2. Felder RM, Silverman LK. Learning and teaching styles in engineering education. *Engr Education*. 1988;78(7):674-681.

CSM HIGHLIGHTS

Friday, February 11, 2011

Pain Management SIG Business Meeting

7:00 - 8:00 am

Followed by:

Enhancing Clinical Practice through Psychosocial Perspectives in the Management of Low Back Pain

Join us in New Orleans.