

# PAIN MANAGEMENT

## SPECIAL INTEREST GROUP

### President's Letter

Dana Dailey, PT, PhD

**CSM 2017:** It is time to register for CSM 2017 in San Antonio, Texas, February 15-18! Our Pain Management Special Interest Group Business Meeting will be Friday, February 17th, 7:00 a.m. to 7:45 a.m. prior to our CSM programming. We are pleased to collaborate jointly with the Occupational Health Special Interest Group (OHSIG) for the CSM 2017 presentation on Friday, February 17 from 8:00 a.m. to 10:00 a.m.: *"Evolving Paradigms in Psychosocial Management of Debilitating Pain Conditions"* by Michael Sullivan, PhD.

**Pain Management Article Submission:** We are soliciting submissions for upcoming issues of *Orthopaedic Physical Therapy Practice*. These may include case reports, clinical pearls, or other brief clinical commentaries.

**Case Reports:** Case reports are welcome that focus on pain management and highlight clinically relevant pain management topics, pain management treatment, or patient outcomes. The case reports should include: Background, Case Description, Outcome, and Discussion.

**Clinical Pearls:** Clinical pearls are brief, clinically relevant summaries of information based on experience or observation. These should be focused on information related to Pain Management.

Submissions for articles, case reports, or clinical pearls may be sent to [dana-dailey@uiowa.edu](mailto:dana-dailey@uiowa.edu).

**Clinical Practice Guideline (CPG):** A CPG is being developed by the Education and Orthopaedic Sections of the APTA, and other Sections may join this effort in the future. David Morrisette will be the workgroup leader of this CPG along with Joel Bialosky, PT, PhD; Nancy Durban, PT, MS, DPT; and Derrick Sueki, DPT, GCPT, OCS, AAOMPT.

## Pain Management: Key Developments, Core Competencies in Pain Management

Pain management for chronic pain is an increasing topic of conversation throughout health care, especially physical therapy. Our knowledge of pain mechanisms and management has grown allowing us to better help patient's manage their chronic pain as part of our physical therapy plan of care. One of the most common themes I hear when I talk to physical therapists is how to further their education regarding chronic pain. When considering pain education or continuing education about pain as a physical therapist, it is important to keep in mind the many resources available to us for assessing how pain education meets your needs. This article will review some of the influences (Figure 1) regarding pain management and the resources available to assist you in assessing pain education.

According to the Centers for Disease Control and Prevention

(CDC), in the United States, the problem of prescription opioid abuse and addiction has grown to epidemic rates for those with chronic pain. Chronic pain affects more than 50 million Americans with more than 25 million United States adults reporting daily pain and with greater than 23 million reporting severe pain.<sup>1,2</sup> The care of patients with pain has been gaining greater scrutiny on a national level following the 2010 Patient Protection and Affordable Care Act of 2010 that required a collaboration between the Institute of Medicine and the Department of Health and Human Services to recognize pain as a national health problem. In addition, it called for increased activities to "identify and reduce barriers to appropriate care, evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain across the population, and improve pain care research, education and care."<sup>3</sup>

In 2011, The Institute of Medicine (IOM) published the report, "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research"<sup>1</sup> which recommended the development of a national strategy for pain. This report led to the development of The National Pain Strategy by the U.S. Department of Health and Human Services, released in 2016, outlining the 6 key areas for improvement in the area of pain: (1) population research, (2) prevention and care, (3) disparities, (4) service delivery and payment, (5) professional education and training, and (6) public education and training (Figure 2). The goal of the National Pain Strategy is to create a transformation about how pain is perceived, assessed, and treated.

As a part of the National Pain Strategy, pain education for professionals is a key area. It is important to keep in mind the biological, psychosocial, and environmental components of pain and the influence they have with our patients/clients. We know that physical therapy assessment and treatment of patients with pain benefit from an interdisciplinary approach to pain (eg, dentistry, medicine, nursing, occupational therapy, pharmacy, physical therapy, psychology, and/or social work). The International Association for the Study of Pain (<http://www.iasp-pain.org>) has developed an Interprofessional Pain Curriculum Outline for Pain (<http://www.iasp-pain.org/Education/Curriculum-Detail.aspx?ItemNumber=2057>). In 2011, Core Competencies for Interprofessional Collaborative Practice were established,<sup>4</sup> outlining 4 domains for competencies in interprofessional education (Figure 3). The IASP also developed a Curriculum Outline on Pain for Physical Therapy (<http://www.iasp-pain.org/Education/CurriculumDetail.aspx?ItemNumber=20550>). In 2013, Core Competencies in Pain Management established 4 domains for competencies (Figure 4) for pre-licensure students.<sup>5</sup> A more in-depth review of pain education curriculum in physical therapy for pre-licensure students reviews the curriculums and the major domains for the competencies.<sup>6</sup> A review of the curriculums established by the IASP and the Core Competencies for both interprofessional and pain management are both excellent resources for helping determine areas of need for your pain education and pain management assessment and treatment.



Figure 1. Timeline of events in the development of the national pain strategy.

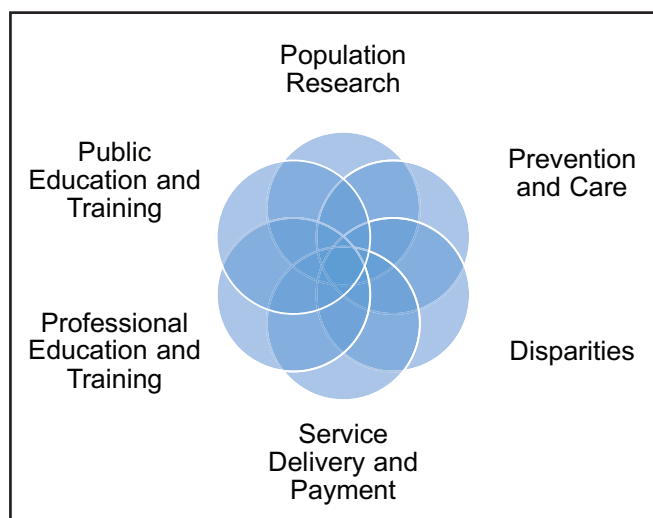


Figure 2. Key areas of the national pain strategy.

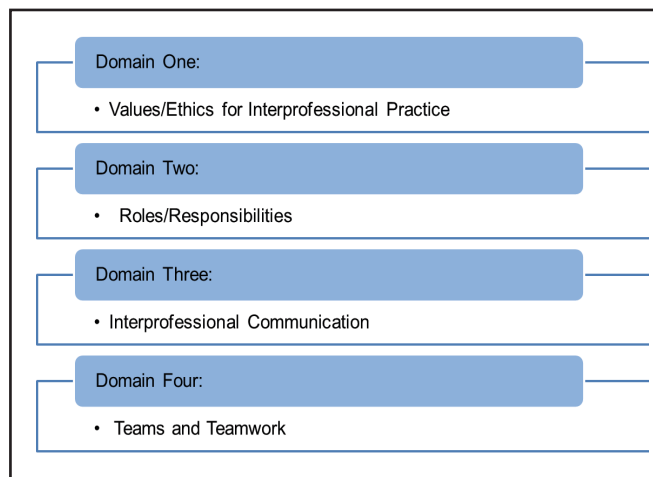


Figure 3. Domains for core competencies for interprofessional education competencies.

For continuing education for pain management, it is important to evaluate courses so that they meet your needs as a clinician. Figure 5 contains a list of questions to ask regarding continuing education courses so that they meet your needs. An additional educational opportunity is emerging for interdisciplinary health care professionals being developed by the National Institute of Health's Pain Consortium's Centers of Excellence in Pain Educa-

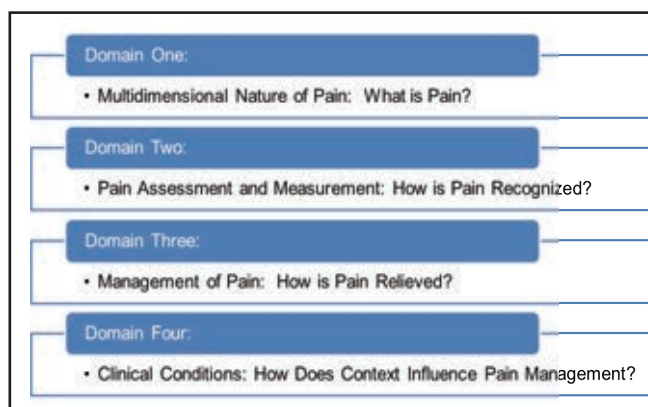


Figure 4. Domains for core competencies for pain management.

1. Does the course meet your needs for pain education?
2. Does the course advance your knowledge regarding biological, psychosocial or environmental contexts focused on pain?
3. Does the program description identify the target audience and the learning outcomes? Is the information a broad overview or in-depth?
3. Does the course have clear learning outcomes that are reasonable for the time frame and state what you will be able to do as a result of the program?
4. Is the instructor qualified to deliver a meaningful program? Does the instructor have expertise in the topic?
5. Are the instructional methods described and designed to engage the audience?
6. Is the program utilizing the latest current evidence to guide the presentation? Is the presenter combining his/her expertise and experience with the best available, current evidence to guide the presentation?
7. Is it clear which concepts are rooted in published evidence versus clinical experience?
8. Is a theoretical framework or rationale for the approach being taught?
9. Are specific populations applicable for the research findings?
10. Is peer reviewed research provided that supports and/or contradicts the rationale for the course topic and information presented?

Figure 5. Evaluation questions for continuing education.



tion (CoEPE). The NIH Pain Consortium selected 11 sites as CoEPEs, who will act as resources for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, pharmacy, and other schools to enhance and improve how health care professionals are taught about pain, pain management, and the treatment of pain.

The CoEPEs are tasked with developing interactive pain management case modules and the first has been published and is entitled, Edna. The Edna case study is a 70-year-old woman with chronic low back pain. The case module has a pretest and posttest, video demonstrations, and interaction with Edna for health history and physical examinations. The upcoming release of the next interactive case study is title Peter James. Peter James, a former stone mason, was called up from the reserves to serve in Afghanistan. His convoy hit an improvised explosive device and caused extensive damage to his left leg that required amputation. He is now dealing with posttraumatic stress disorder, insomnia, and phantom limb pain. You can follow his interdisciplinary treatment as he moves away from the overuse of opioids and toward comprehensive treatment and recovery ([https://pain-consortium.nih.gov/NIH\\_Pain\\_Programs/CoEPEs.html](https://pain-consortium.nih.gov/NIH_Pain_Programs/CoEPEs.html)). The NIH Pain Consortium is in the process of developing the additional interactive case modules from each of the 11 CoEPEs.

Pain education is available from a vast array of resources for both pre-licensure students and for practicing clinicians. The goal of the article was to give you a framework for a needs assessment specific to you through use of the IASP recommended curriculums for pain for physical therapy and interprofessional practice, core competencies for physical therapy and interprofessional practice, the focus of the national pain strategy and finally a list of questions to ask about continuing education.

## REFERENCES

1. Institute of Medicine. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*. The National Academies Press: Washington, DC; 2011.
2. Nahin RL. Estimates of pain prevalence and severity in adults: United States, 2012. *J Pain*. 2015;16(8):769-780.
3. Meghani SH, Polomano RC, Tait RC, Vallerand AH, Anderson KO, Gallagher RM. Advancing a national agenda to eliminate disparities in pain care: directions for health policy, education, practice, and research. *Pain Med*. 2012;13(1):5-28.
4. Interprofessional Education Collaborate. *Core Competencies for Interprofessional Collaborative Practice: Report of an expert panel*. I.E. Collaborative, ed. Washington, DC: 2011.
5. Fishman SM, Young HM, Lucas Arwood E, et al. Core competencies for pain management: results of an interprofessional consensus summit. *Pain Med*. 2013;14(7):971-981. doi: 10.1111/pme.12107. Epub 2013 Apr 11.
6. Hoeger Bement MK, St Marie BJ, Nordstrom TM, et al. An interprofessional consensus of core competencies for prelicensure education in pain management: curriculum application for physical therapy. *Phys Ther*. 2014;94(4):451-465.

What's Next?

## Watch for the following 2017 Independent Study Courses to include:

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27.2, Pharmacology

27.3, Clinical Imaging

27.4, Frontiers in Orthopaedic Science

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### Course Description

This 3-monograph set addresses the unique aspects of evaluating and treating the patient following an automobile accident. Using an evidence-based approach, the authors present classification models and special considerations that need to be included to achieve an ideal outcome for this type of patient. Unique legal aspects of care are also covered. These include documentation, expert witness, and disclosure protocols for auto accident patients.



### Topics and Authors

- Evaluation and Treatment Strategies for Care of the Injured Cervical and Upper Thoracic Spine  
Karen Walz, PT, MA, OCS, COMT, FAAOMPT
- Evaluation and Treatment Strategies for Care of the Injured Lumbar Spine after a Motor Vehicle Accident (Includes 26 online accessible video clips)  
Terry Pratt, PT, MS, COMT, FAAOMPT
- Management of Auto Injuries:  
Legal and Documentation Perspectives  
Ronald W. Scott, PT, JD, LL.M., EDD, MSBA, Esquire

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