HUNTER PAIN CLINIC

INFORM

ISSUE 5 **JUNE 2011**

Dr Marc Russo

MBBS, DA (UK),
FANZCA, FFPMANZCA
Specialist Pain
Medicine Physician

Celebrating 10 YEARS OF INNOVATIVE PAIN MANAGEMENT

Kanwal / Erina
Opening hours
7am-12.30pm
every second Monday

Singleton
Opening hours
8am-2pm
monthly Friday

To make an appointment
call Broadmeadow main
office **02 4985 1800**
Mon - Fri 8am - 6pm

Pain Clinic Assessment

When a patient has pain, it can be difficult to ascertain when one refers to a Pain Clinic. After all, there are many options to choose from, such as continuing the current treatment or more physical therapy options. **This edition of the HPC newsletter outlines why a Pain Clinic assessment can be useful and what occurs as part of that process.** We're pleased to include articles from David Elvish of Workplace Physiotherapy and Dr Toby Newton-John, Clinical Pain Psychologist.

We are conditioned to respond to patients with the expectation that they will follow the commonest outcomes, i.e. healing and return to normal. 70 – 90% of patients who sustain an injury or undergo surgery will have a good clinical outcome. However, there is a significant minority who do not. They can be seen to be clearly diverging from this path as each month goes by and can be identified by the six month mark with persistent symptoms

As pain can truly be considered a disease in its own right, the patient presents with insomnia, altered activity levels, substantial intake of analgesic medication producing side effects, often difficult to define or understand pain and distress, depression and anxiety.

When patients have a biological problem that has affected their psychological state and their social state then it should come as no particular surprise that application of purely biological therapies will not yield great results. **A complex patient should be assessed along a biological, psychological and social pathway if we are to truly understand the patient's disorder and provide comprehensive treatment to restore them to as much function as is possible and to reduce their pain to its lowest level possible.** It is here that the Pain Clinic comes into its own.

A full pain history and examination is taken and a review of their psychological status looking at anxiety, depression, fear avoidance thought processing, catastrophising, pain self-efficacy, family impact, sleep disorders, adult Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, etc. Baseline physical function is assessed, and by working with both physiotherapists and psychologists, comprehensive treatment is offered. This is more beneficial and cost effective.

Whilst there are plenty of biological therapies that are considered and implemented within a Pain Clinic setting, it is the comprehensive treatment framework that allows them to be more successful.

Identifying neuropathic pain allows a name and an explanation to be given to the patient's pain.

The medical community has moved from referring patients with eight to ten years of chronic pain to now a very pro-active and timely response of referring within six months of persistent pain where so much more can be done for the patient and patients' neural pain pathways are more plastic and responsive to treatment as are their behaviours.

If you are unsure as to whether Pain Clinic referral may be indicated, then ask yourself the simple question "Is this patient doing well?" If the answer is no, then a Pain Clinic referral may be indicated.

Innervate Pain Management – Learning to Live With Pain

Dr Toby Newton-John

BA (Hons) MPsychol (clin), PhD

"The medical evidence is very clear that working chronic pain sufferers cope significantly better with their pain than those with pain who don't go to work."

The Innervate story began back in 2005. Dr Marc Russo Pain Specialist and David Elvish Head of Workplace Physiotherapy recruited Toby Newton-John to make the long trek up the F3 to Newcastle and to bring with him the best of the Adapt pain program at Royal North Shore Hospital plus a few innovations to tailor things better to the local client group.

The Innervate Pain Program was extremely fortunate in being able to utilise the skills and experience of physiotherapists already familiar with chronic pain patients. In fact, senior physiotherapist Lisa MacPherson has a postgraduate qualification in Pain Management from University of Sydney, in addition to her physiotherapy training.

It took several months for the various components of the Innervate Pain Program to gel, and the program continues to evolve and develop. One of the wonderful things about pain management is the very strong research base on which the clinical work is founded. Our program will always be modified and shaped by the scientific evidence that comes through the literature, and in that way it remains fresh and dynamic.

The program structure

The Innervate Pain Program is an intensive, vocationally focused, multidisciplinary, group based course. It runs for 3 days per week, 9am to 5pm, for a full month which equates to 96 hours of treatment – even before the follow ups begin. Patients being considered for inclusion in the program are often aghast when told how intensive the program is, but the reality is we have a drop out rate of less than 5%. Why? Because our 3 part assessment (psychology, physiotherapy, vocational counsellor) collates a great deal of information to determine suitability. If the patient is not physically or psychologically ready to participate, but would benefit from doing the program, we make recommendations to address those issues prior to starting the program.

Following the course, we follow up our patient groups as follows:

- weekly telephone check ups for 4 weeks
- 2 hour group follow up at 4 weeks post program
- 2 hour group follow up at 3 months post program
- 2 hour group follow up at 6 months post program

This is a lot of input from a varied team of health professionals over a 7 month time period.

Why is it so intensive? Because this group need it. The research evidence clearly indicates that with the most disabled and distressed chronic pain sufferers, anything less than this amount of treatment will not be successful in producing lasting behavioural changes (e.g. Haldorsen et al. Pain 2002;95:49-63.)

For less disabled patients, we run individual programs of psychology, physiotherapy or vocational counselling.

Who is suitable for the program?

The inclusion criteria for the Innervate Pain Program are fairly straightforward. They should meet criteria A and B, plus at least 2 others:

A. More than 6 months post-injury B. No further surgical or medical treatment planned

Plus at least 2 of the following:

- Failure to progress with return to work goals – not returned to work, no consistent upgrading of hours/duties, requiring excessive time off work due to pain
- High levels of psychological distress (depression, fear of movement, worry about pain, anger, frustration)
- High levels of perceived disability due to pain
- Dependence on passive treatments to provide short term relief (physiotherapy, chiropractic, hydrotherapy, massage etc.)
- High medication use and/or reliance on aids (braces, sticks, collars)

Patients attending under the Workers Compensation scheme must also accept that improving their work fitness is an expectation of program participation (see further below).

Indicators of poor coping with chronic pain that are addressed in the Innervate Pain Program:

- Avoidance – of physical activity, social engagement, work activity
- Lack of daily routine and structure; major sleep disturbance
- Social isolation and loss of social confidence
- Catastrophic beliefs about pain and what it represents
- Dependency on passive treatments (i.e. those that provide transient pain reduction)
- Dependency on pain medications
- Sense of helplessness (i.e. "There is nothing that I can do about my pain")
- Family disruption and increased family tension

For further information, please contact
Dr Toby Newton-John
02 4985 1869
tobynj@innervate.com.au

innervate pain management

Program content

The Innervate Pain Program uses cognitive behavioural principles to guide all physical and psychological treatment components.

Each day consists of a gentle, low intensity exercise and stretch program, as well as postural correction techniques. We explore psychological techniques to manage pain, including some mindfulness methods. Each participant is taught to use an electronic timer to regulate activity levels, rather than the "boom and bust" activity pattern which is so typical of chronic pain. And medication reduction plans are developed by the Pain Specialist to slowly wean off pain medications during the course of the program.

Including the Family in Treatment

We have a saying at Innervate – "One person has the pain, but everyone suffers from it". Chronic pain can place enormous strain on relationships, with the emotional effects, impact on social life, capacity for child care, loss of work roles and financial strains, and so on. We therefore devote an entire day on the program to family issues. Called the Communication Day, partners, spouses and support persons are invited to spend the day with us to see how the program operates and to learn how to best support the participants.

Work Fitness and Chronic Pain

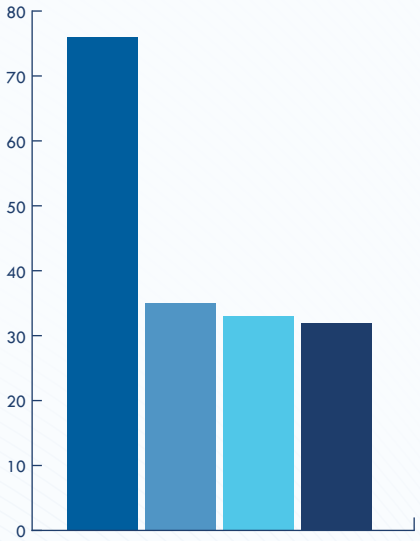
For those who are funded by an insurance company, it is an expectation that participating in the pain program will improve work fitness. The medical evidence is very clear that working chronic pain sufferers cope significantly better with their pain than those with pain who don't go to work. Aside from the extra physical activity, work provides social contact, improved self esteem and financial advantages. For those on Workers Compensation, it also represents a return to normality. We therefore encourage all of our participants to consider their time on the Innervate Pain Program as part of the preparation for their vocational rehabilitation. Attending the program reliably, interacting with others, and learning new information over a four week period is a good indicator of basic work fitness.

The Team

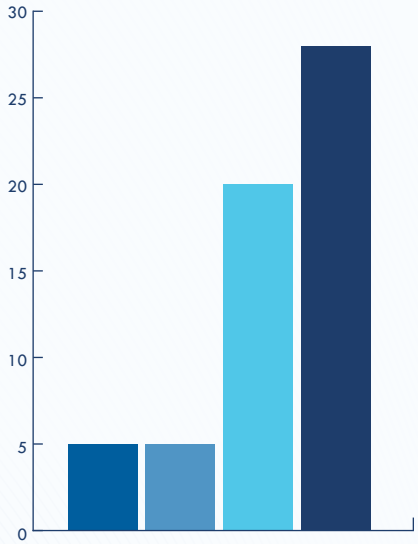
The full Innervate Pain Team consists of 3 psychologists and clinical psychologists, physiotherapists and exercise physiologists, the Pain Specialists Dr Marc Russo, Dr Simon Tame, Dr John Prickett and a vocational counsellor. Each participant in the program has input from each member of the team.

Outcomes

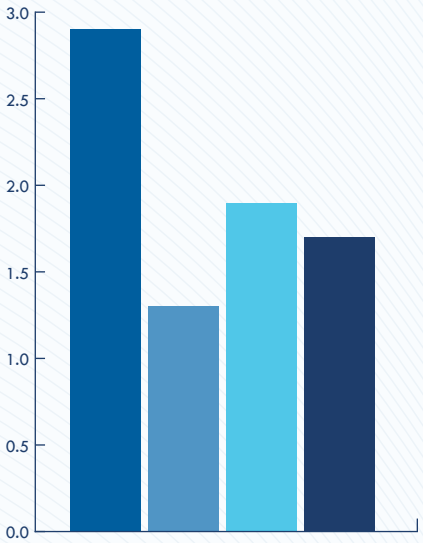
The following graphs represent data from the last 316 patients who attended the program. To put this patient group into perspective, they have had pain for an average of 4.9 years. Approximately 50% fall into the Depressed/Severely Depressed range when they begin the program. All have a history of failing the usual treatments for pain – hence their referral to the program.



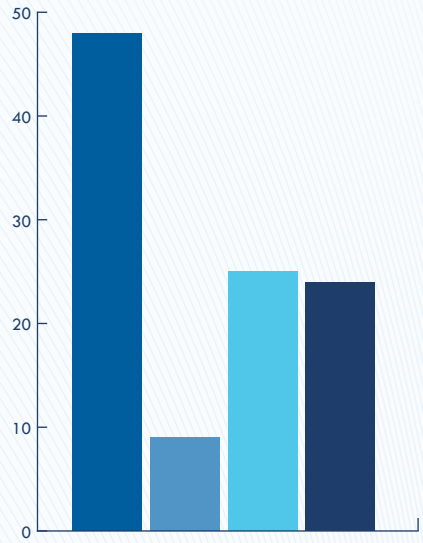
% Taking opioids for pain



% Able to work full-time



Consults for pain in last month



% Reporting depression on DASS

Role of Physical Intervention in Pain Management

David Elvish
Managing Director Workplace Physiotherapy Consultant Physiotherapist, MAPA,
MOMTA Independent Physiotherapy Consultant (Workcover) NSW

Physiotherapy and Exercise Physiology is an integral part of the pain management team. The role covers a wide area of assessing, interpreting and providing strategies for increasing activity tolerances in people with chronic pain. Physical intervention aims to successfully increase and sustain activity levels despite ongoing pain. Astute intervention requires the right mix of specific exercises, strategies to gradually increase activities of daily living and mitigation of any inappropriate beliefs relating to pain and activity. The overriding goal should be for the patient to be able to manage their pain condition independently.

A competent physical assessment requires:

- Assessment of current activity levels
- Evaluation of posture, stability, strength and fitness
- Identification of suitable physical goals that a patient would like to achieve
- Recognition of barriers to achieving these goals such as fear of re-injury with activity
- Utilisation of planning of activity and pacing of activity

Physical based intervention should include:

- Development of exercises and activity upgrading plans for the patient to apply in a home or work setting
- Exercises to restore correct posture during static positions and movement
- Mitigation of a patient's fears of re-injury during activity
- Active discouragement from seeking passive treatment for which there is limited supportive evidence and is regarded to undermine utilisation of active approaches
- Education is also provided on the pathophysiology, prognosis and nature of chronic pain
- Development of strategies for managing flares of pain.

Poor outcomes from physical intervention are seen when:

- Passive treatment continues to be provided when establishing physical strategies
- Pain levels dictate the extent of exercises and activity
- There is no daily routine of exercise and activity
- The provider assumes that specific exercises will equate to increases of daily activities
- There is poor integration of exercises into daily home activities
- Elevated levels of fear of activity and re-injury and catastrophising thoughts are not addressed
- The patient resorts back to passive treatments during flare ups of symptoms

Workplace Physiotherapy staff have either completed post graduate degrees in Pain Management or have received extensive experience in the development of chronic pain strategies for patients. Our staff regular attend national and international pain management conferences and provide educational training to medical and health professionals and insurance companies on clinically appropriate physical pain management intervention.

workplacephysiotherapy

For further information please contact Workplace Physiotherapy on 4985 1808 or admin@workplacephysio.com

HUNTER PAIN CLINIC LOCATIONS

Head Office - Newcastle
Hunter Specialist Medical Centre
91 Chatham St
Broadmeadow NSW 2292
Ph 02 4985 1800
Fax 02 4940 0322
admin@hunterpainclinic.com.au
hunterpainclinic.com.au

Erina
Fountain Corporate Building
Fountain Plaza
Suite 14, 2 Ilya Ave
Erina NSW 2250

Kanwal
Suite 3-4, Block C
Kanwal Medical Centre
654 Pacific Highway
Kanwal NSW 2259

Singleton
9 Cambridge Street
Singleton NSW 2330

Hamilton Day Surgery Centre
76 Jenner Parade
Hamilton South NSW 2303
Ph 02 4940 0903
Fax 02 4940 0983

FOR BOOKINGS AND ENQUIRIES PLEASE CONTACT THE NEWCASTLE HEAD OFFICE MON - FRI 8AM - 6PM

Dr Russo, Dr Tame and Dr Prickett are pleased to offer a number of presentations on pain management. If you would like to arrange an education meeting at your practice, please contact the office on 02 4985 1800.