

KAPLAN CENTER FOR INTEGRATIVE MEDICINE

CONSUMER GUIDE

17 Things to Know Before Selecting a Physician to Treat Your Pain

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Consumer Guide
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17 Things to Know Before Selecting a Physician to Treat Your Pain

by Dr. Gary Kaplan

Welcome! I'm Dr. Gary Kaplan, the founder and medical director of the Kaplan Center for Integrative Medicine in Arlington, Virginia. Finding a top physician to treat your pain can be a tricky business, and it's important not to make a mistake that could waste time and risk your health. That's why I have prepared this consumer guide to help you make the right choices. Please accept this guide with my compliments.

#1 – Find a Legitimate Expert

Misconceptions: Often patients rely upon their family physicians who may not have the expertise to deal with the full range of problems associated with unresolved pain. Some patients seek out specialists who are experienced in diagnosing and treating their specific chronic illness – for example, experts in diabetes, rheumatoid arthritis, cardiovascular disease or cancer. Even with the proper diagnosis and treatment of these underlying illnesses, however, too often patients find that their pain persists. The problem is that a physician who specializes in treating diabetes or rheumatoid arthritis is not necessarily an expert in resolving patients' significant, unresolved pain. In many respects, the chronic pain is a problem unto itself. Successfully resolving pain requires expertise in practicing *pain medicine*.

Bottom line: If you are living with unresolved pain, it's crucial you find someone who is a legitimate expert in managing chronic pain and chronic illness.

#2 – Check Credentials

What to look for: As a patient, how can I assess whether a physician is actually a pain-management *expert*?

1) *Academic and Training Credentials:* Ideally, your physician will be board-certified in pain medicine or physical medicine and rehabilitation. Physicians who are “board-certified” have passed a national exam that comprehensively evaluates their ability to successfully diagnose and treat patients suffering with chronic pain and illness. There are three credentialing bodies. The first is the American Board of Pain Medicine, which certifies only physicians as pain-medicine specialists.¹ All of the physicians who are certified by the American Board of Pain Medicine are also certified in at least one other medical specialty. The second credentialing body is the American Board of Pain Management, which certifies some physicians but also other health care providers such as nurse practitioners, registered nurses and physical therapists.² The third credentialing body is a

¹ For additional information, visit ABPM.org.

² For additional information, visit American Academy of Pain Management.org.

Subspecialty Board of Anesthesiology.³ These physicians are certified to perform interventional procedures such as epidural blocks and the surgical implantation of dorsal column stimulators. To obtain certification, each board requires its applicants to pass its own exam written by nationally-recognized experts in the field of pain medicine. These boards set a minimum standard as to the depth of medical knowledge a physician must have to legitimately be considered a “pain-medicine specialist.”

2) *Depth of Professional Experience*: While board certification is an important gauge of a physician’s knowledge and expertise, it can’t replace experience. The specialty of pain medicine is a relatively young field dating back only about 25 years, and board certification in this area has only been available for about 20 years. You really want to work with a doctor who has seen the trends in this evolving field come and go, and now is a “seasoned expert” in diagnosing and treating chronic pain. Finally, treating chronic pain, unlike the treatment of many other medical disorders, requires truly individualized care. Look for an expert in pain medicine who has the depth and breadth of experience to tailor a treatment program to suit your unique needs.

Bottom line: Your physician’s certifications will give you a basic sense of his or her ability to help you. You want someone who is board-certified in pain medicine or physical medicine who has seen a wide range of conditions involving pain-related problems, and someone who has lots of experience treating chronic pain and illness. Family physicians, internists and physical medicine doctors are already trained to think in terms of returning their patients to overall optimum health; their training, combined with a certification in pain medicine, is likely to provide you with the highest level of care. Ideally, seek a physician with medical expertise *beyond* just managing pain; he or she can be a critical partner in helping you resolve your pain condition.

#3 – Know the Difference between “Tactical” and “Strategic Pain-Management”

Tactical Pain Management: There are physicians who specialize in *interventional* pain management. Rather than taking a holistic approach to managing patient’s chronic pain, they are expert in providing more invasive procedures, like epidural steroid injections or implanting dorsal-column stimulators. There is a definite role for these procedures, but the possible risks and benefits of undergoing such invasive procedures must be considered *within the context of an individual patient’s comprehensive treatment plan*.

Strategic Pain Management: Chronic pain can undermine every aspect of your life – your work, relationships, recreational activities, self-esteem and hope for the future. The initial cause or causes of unresolved pain and the mechanisms that sustain it are also multidimensional. They may include traumatic injury to your muscle, bone or nervous tissue, bacterial or viral illness, environmental toxins, neurological disorders, chronic depression, post-traumatic stress disorder – to name a few. While acknowledging that the causes of and problems associated with chronic pain are multidimensional, many interventional pain physicians may not be set up to comprehensively address all of these issues.

What to look for: Before investing more of your physical, emotional and financial resources in another pain-management *tactic*, make sure you have a comprehensive treatment plan. Your treatment plan should be multidimensional, addressing not just medication or possible surgical procedures, but also drug interactions and medication side effects, nutritional issues, the need for manual therapies, exercise, counseling or stress management skills.

Bottom line: You want and need a pain specialist who is going to investigate the causes of your particular pain problem, strive to understand exactly how it has affected your life, and work with you to create and

³ For additional information, visit ABA.org.

implement a personalized and comprehensive treatment strategy that fits the context of your life. This process not only requires expertise, it requires TIME. Look for a physician who will spend the time that it takes to understand your medical and life situation. Seek out a doctor who will take the time to work with you to put together a comprehensive treatment plan.

Too often we hear stories from patients where after a 7-minute exam, the doctor simply says, “Oh, your lower back hurts? Let’s inject you here and put a block in to make the pain go away.” Giving an injection might be a great solution in an acute pain situation, and it can also be *part* of the solution in a chronic pain situation. But with chronic pain, inevitably, the problem involves complex compensatory patterns in the musculoskeletal system; sometimes other organ systems and nutritional issues are involved; and often there is the significant psychological impact of having your whole life upended by chronic pain. Correctly identifying the cause and extent of a complex pain syndrome usually takes more than 7 minutes, and reversing the effects of a long-term insult to the body often takes more than one shot. **Only work with a physician who is able to give you the time and attention it takes to properly evaluate and treat your condition.**

#4 – Understand Your Diagnosis

Misconception: Every medical practice is organized to ensure that you receive the most accurate diagnosis of your chronic pain problem and a thorough understanding of your own diagnosis.

In reality: To correctly treat any condition, you need a correct diagnosis. But a mismatch of physician perception and patient reality often leads to misdiagnosis or partial diagnosis. So the critical question to ask yourself is: “What information is shaping my physician’s perception of my pain condition?” Was my doctor able to take the time to explore the onset of my condition, the specific nature of my pain sensations, and the overall status of my health, including my mental health history, social/family history, travel history and exposure to environmental toxins? Did my physician order any diagnostic laboratory tests? To arrive at an accurate diagnosis, such information can be crucial.

Taking the time to share this information with you, the patient, is just as important. In some medical-care settings, doctors have very limited time to thoroughly investigate the complex underlying causes of your chronic pain, so that you can receive the most effective treatment. Look for a clinical setting where your physician has the time to listen to your concerns and investigate the underlying causes of your unresolved pain, so that you can finally get well.

Bottom line: I cannot stress enough how important it is that you understand what your diagnosis is, and frequently, this is one area where practitioners fall down. You need a physician who will take the time to hear your whole story, evaluate all of the contributing factors to your problem, and then spend the time that it takes to explain your diagnosis to you *in terms that you understand*. A diagnosis is not just a label; expect your doctor to provide you with resources to help you better understand your own condition; and expect him or her to lay out clear recommendations for your short and long-term treatment, including steps that you can take to assist with your own healing process.

#5 – Watch Out For Doctors Who Are Quick to Suggest Surgery

The risk: Abraham Maslow once said, “If the only tool you possess is a hammer, then all of your problems tend to look like nails.”

An example: We attended to a woman in the clinic the other day who had been to a podiatrist for pain she was experiencing in the bottom of her foot. The podiatrist had recommended she undergo surgery on her big

toe. But when we looked at it, we said, “You want to know something? The joint is completely fine. There’s a high risk that having surgery will make your situation worse.” Fortunately, we were able offer her a highly effective, non-surgical option. One of the physicians in our practice has helped pioneer the use of Botox for treating plantar fasciitis, a common cause of heel pain. Net result: we were able to resolve this patient’s painful foot problem with a Botox injection, some physical therapy, and some osteopathic manipulation.

Bottom line: Investigate your options before undergoing surgery – you may be able to get complete resolution for your pain using a combination of alternative strategies. You want a doctor who can think creatively about your medical problems and implement a long-term, integrated strategy that addresses your pain problem while preventing complications from your pain condition and from the medical treatment itself!

#6 – Be Especially Careful About Signing Up for Surgery If You Have Back Pain!

The problem: A huge amount of unnecessary and inappropriate surgery is performed in an effort to resolve low-back pain. In 2005, there were approximately 558,000 spinal surgeries performed in the US for lumbar-disc disease. The total cost for these surgeries is estimated at \$22 billion!⁴ The rate of back surgery per capita in the US is greater than any other county in the world.⁵ The medical literature suggests that one of the major factors leading to the decision to undergo back surgery is the finding of “abnormalities” on MRI or CT scans, even though the abnormalities identified may have *nothing to do* with the cause of the low-back pain.⁶

“A diagnosis on the MRI in the absence of objective clinical findings may not be the cause of a patient’s pain, and an attempt at operative correction could be the first step towards disaster.”⁷

An example - low-back pain: While there is unquestionably a time and a place for surgery to address low-back pain, the medical evidence indicates that we do far too much surgery without legitimate justification. Furthermore, in cases where patients undergo surgery but their low-back pain persists, the odds of resolving their low-back pain with additional surgery drop dramatically.⁸ In cases where patients’ low-back pain is confined to their low backs without radiation to the legs or when the origin of the back pain is unclear, medical research demonstrates no advantage of surgery over conservative (non-surgical) treatment. The medical literature also shows that *with surgery*, patients assume an increased risk of facing complications, including severe and life-threatening events.⁹ Even for those patients who suffer from herniated disks that produce low-back and leg pain, the medical literature shows that one year after treatment, patients who had conservative care did as well as those who had had surgery, and they recovered without exposing themselves to the risks imposed by surgery.¹⁰ Finally, once you have surgery, you’ve limited your options for resolving your condition by utilizing a non-invasive method.

Bottom line: Current medical research indicates that conservative treatment of your low-back pain may be

⁴ Healthcare Cost and Utilization Project (Hcup), Agency for Healthcare Research and Quality (AHRQ); for more information, visit: <http://www.ahrq.gov/data/hcup/>.

⁵ Richard A. Deyo. Back Surgery—Who Needs It? *New England Journal of Medicine* 2007; 356: 2239.

⁶ Lurie, JD et al. Rates of Advanced Spinal Imaging and Spine Surgery. *Spine*. 2003; 28: 616-20.

⁷ Boden et al. Abnormal MRI Scans of the Lumbar Spine in Asymptomatic Subjects: a Prospective Investigation. *Journal of Bone and Joint Surgery Am*. 1990 Mar; 72(3):403.

⁸ Waddell G et al. Failed Lumbar Disc Surgery and Repeat Surgery Following Industrial Injuries. *Journal of Bone and Joint Surgery Am*. 1979 Mar; 61(2):201-7.

⁹ Deyo, RA. AHRQ Literature Synthesis on Lumbar Fusion for Axial Back Pain, 2006 Draft. Presented at American Academy of Pain Medicine Annual Meeting, February 15, 2008.

¹⁰ Weinstein J et al. Surgical vs. Nonoperative Treatment for Lumbar Disk Herniation: the Spine Patient Outcomes Research Trial (SPORT): a Randomized Trial. *Journal of American Medicine*. 2006 Nov 22; 296(20): 2441.

more effective than surgery. Conservative treatment is also less invasive, and likely to be less expensive. So, be cautious when a surgical technique is recommended to you as “the latest and greatest.” Before undergoing surgery, explore the alternatives to ensure that the procedure is really necessary and that its long-term benefits outweigh the risk.

#7 – Does Your Treatment Plan Address Your Musculoskeletal System?

Misconception: “I’ve got a muscle spasm and low-back pain; I need treatment for the muscle spasm to resolve the pain.”

In reality: You want a physician who won’t be distracted by the location of your pain because the *problem* may be located elsewhere. So, in the above example, your physician should evaluate your low-back pain *in relation to* the surrounding muscles, bones and connective tissue. A comprehensive physical exam should incorporate an evaluation of your entire musculoskeletal system, including the effect that your posture, gait, and any physical abnormalities might be having on your weight distribution and balance. It will also be critical that your physician take a thorough medical history, including asking questions about the special characteristics of your pain, including its duration and the particular sensations you are experiencing. This will help to accurately identify the cause or causes of your pain problem and eliminate other possibilities. In the low-back pain example provided above, this type of comprehensive process will help rule out other possible causes of your pain, such as arthritis in your lower back, a herniated disk, metastatic cancer, a muscle tear due to overuse, muscle tension due to poor posture, a bone fracture due to osteoporosis, low magnesium, or even psychological stress.

Background: Your musculoskeletal system (muscle tissue and bone) comprises 60 percent of your body’s mass. It forms an integrated, interactive framework that supports the healthy functioning of all of your body’s organs as well as its circulatory, neurological, psychological, immunological and hormonal systems. Illness and pain can indicate that the musculoskeletal system is out of balance. Recovery from disease depends upon restoring the functioning of this system. In sum, optimal functioning of the musculoskeletal system is essential to resolving disease and maintaining good health.

The bottom line: Seek out a physician who evaluates and treats not only the muscle spasm or the particular area that is causing you pain and discomfort, but your overall musculoskeletal system. Your doctor needs to be thinking about the health of your musculoskeletal system as a whole and how it’s affecting your overall health.

#8 – Understand the Value of Non-invasive Manual Therapies to Your Recovery

Misconception: Medication and surgery are the main keys to resolving pain.

In reality: There are a number of treatment options for resolving chronic pain. Whether your physician can help you identify the right treatment plan for you depends first and foremost upon your physician’s personal qualifications as a pain-management expert. Secondly, it depends upon your physician’s familiarity with alternative and complementary therapies, beyond surgery and prescription medication. There are a variety of manual therapies (besides physical therapy, which is discussed in Section #9 below) that can help many patients avoid unnecessary surgeries for head and neck pain, mid- and lower-back pain, herniated or bulging disks, spine pain and related extremity pain, such as carpal tunnel syndrome, shoulder pain, tendonitis, bursitis, knee and foot pain, and other acute or over-use sports injuries. When these additional therapies are part of a coordinated, comprehensive plan that is tailored to your specific medical needs, your healing can be faster and more complete.

Example 1: There are physicians trained in osteopathic manual manipulation, an approach that focuses on restoring musculoskeletal health. Practitioners of osteopathic medicine offer their patients an additional, non-invasive means of evaluating, diagnosing, and treating medical problems. First your doctor will visually assess your posture, spine, and balance. Then, your physician will examine your back and extremities to check for signs of pain and tenderness or restricted movement. The treatment phase involves the application of manipulative techniques to correct misalignments and relieve joint restrictions which may be causing or contributing to your health problem.

Example 2: Some physicians, chiropractors and physical therapists are trained in the “McKenzie Approach,” another noninvasive means of diagnosing and treating spinal and musculoskeletal disorders, including disk bulges and herniations. McKenzie practitioners are able to help many patients avoid surgery by treating spinal disks through manual therapy and movement. A critical part of this approach involves teaching patients to practice individualized exercises on their own so that the damaged tissue can continue to heal and patients can regain strength and flexibility.

Example 3: Some osteopaths, physical therapists and certified massage therapists are skilled in Craniosacral Therapy, another manual therapy that allows practitioners to detect and release restrictions and imbalances in the body. Through delicate, but highly sensitive touch, the practitioner evaluates the central nervous system and releases restrictions. Craniosacral therapy may provide symptomatic relief for a wide range of medical problems, including: chronic neck and back pain, migraine headaches, fibromyalgia and other connective tissue disorders, scoliosis, temporomandibular joint syndrome (TMJS), and traumatic brain and spinal cord injuries. Finally, deep-tissue massage can also help to release tightened muscles and connective tissue, eliminate scar tissue, increase circulation, boost the immune system, and thereby provide significant symptomatic relief while supporting the body’s natural ability to heal itself.

Bottom line: Seek out a physician who is knowledgeable about non-invasive manual therapies that will support your recovery. Ideally, you want doctor who can recommend highly skilled manual practitioners who will communicate with your doctor about your progress and the need for adjustments in your ongoing medical care.

#9 – Seek Out Physical Therapy that Will Help You Heal

Misconception: All physical therapy is the same in terms of the providers’ training, methodology and quality of care.

In reality: Physical therapists differ greatly in their special areas of expertise, the populations that they serve and in the quality of care that they provide. For example, while some physical therapy training programs emphasize the development of strong manual skills through hands-on experience, others focus on more theoretical knowledge of human anatomy and physical therapy-clinic management. Some physical therapists specialize in working with children and infants; others work primarily with adult or geriatric patients. There are physical therapists who help patients recover from sports injuries or strokes, others who specialize in providing Craniosacral Therapy, and those who work primarily with patients suffering from pelvic floor dysfunction.

Background: Unfortunately, today much of the physical therapy that is offered to patients is shaped by health insurance guidelines rather than by patients’ needs. Insurance reimbursement for physical therapy is based on the number of procedures that are performed during each session. Time spent doing hands-on manual therapy and individualized treatment programs are reimbursed at low rates, even though this type of care produces

much greater results for patients.

Insurance coverage guidelines are most often established by diagnosis. Under most insurance plans, if you suffer from a certain condition, you will receive a pre-set number of physical therapy visits, and your recovery is expected to follow a particular course. Hands-on treatments are used sparingly, and the first few physical therapy visits often focus on using ultrasound, electrical stimulation and hot packs rather than on manual therapy. During the later visits, often whether the patient is progressing or not, strengthening exercise equipment is introduced and the patient is instructed on a home-exercise routine. Except for the initial assessment and reevaluations, all of the treatment and supervision of equipment use can be performed by a physical therapy assistant, who is not trained to provide manual therapy.

These treatment guidelines may be fine for most people, however, if you do not fit into the “mold,” many insurance companies will make it very difficult to continue receiving the care that you need.

What to look for: You want a physical therapist with superb manual skills and a comprehensive understanding of body mechanics that specializes in treating chronic musculoskeletal pain problems. Your therapist should spend the better part of an hour working with you, providing hands-on deep tissue physical therapy and teaching you exercise programs that you can do at home to help you regain your strength and flexibility.

Bottom line: Make sure you are working with someone who has the right set of skills to meet your medical needs and the *time* to work with you.

#10 – Be Careful about Using Pain Medication

The risk: In the last decade the number of patients in the US who have had severe medical problems as the result of taking prescription medications has risen dramatically. A 2007 report in the Archives of Internal Medicine found that, “from 1998 through 2005, reported serious adverse drug events increased 2.6 fold from 34,966 to 89,842, and fatal adverse events increased 2.7 fold, from 5,519 to 15,107.”¹¹ Medications frequently utilized in the treatment of pain were among the top medications involved in fatal events.¹² A study published in the Journal of American Medicine in 1998 found that even *properly prescribed* medications were between the fourth and sixth leading cause of all hospital deaths.¹³

What you should know: Medications are extremely important in treating chronic pain, and when correctly utilized, can be truly a godsend in providing pain relief and enabling patients to reengage in your life. They are not without risk, however. Your medications need to be specifically targeted toward alleviating your pain and meeting your unique healthcare needs. You need to be aware of the major potential side effects of any medications you take, including potential drug or supplement interactions. Once you are taking a medication, your doctor needs to follow-up with you to establish whether your medication is actually helping to resolve the problem for which it was prescribed.

What you should know: Drug interactions and drug side effects include, but are not limited to: sleep disturbances, memory impairment, impaired judgment, nutritional deficiencies, muscle spasms, greater

¹¹ Moore TJ et al. Serious Adverse Drug Events Reported to the Food and Drug Administration, 1998-2005. *Archives of Internal Medicine*. 2007 Sep 10; 167(16):1752-9.

¹² Wysowski, DK. Surveillance of Prescription Drug-related Mortality Using Death Data, *Drug Safety*. 2007; 30(6): 533-40.

¹³ Lazarou J et al. Incidence of Drug Reactions in Hospitalized Patients. *Journal of American Medicine*. 1998; 279:1200-1205.

sensitivity to pain, headaches, loss of libido, rashes, hair loss, kidney and liver damage, ulcers and heartburn. For example, diuretics can cause the excretion of the essential nutrients potassium and magnesium. Medications that decrease the production of stomach acids, such as Zantac and Prilosec also will interfere with absorption of magnesium. Patients suffering from magnesium deficiency can experience sleep problems, fatigue, increased muscle spasms and pain. Patients suffering from extreme magnesium deficiency are even at an increased risk for sudden death from cardiac arrhythmia (heart attack caused by an abnormal heart beat). Some drugs, such as opioids and antibiotics, change the motility of gut, killing off or over-growing the organisms in the gut and intestines that are needed for proper digestion and the absorption of nutrients. These problems can be addressed, but you need to be working with a physician who is focused not just on pain relief, but on returning you to optimal health.

If a medication causes side effects, then in consultation with your physician, you need to determine if the benefits outweigh the side effects and whether to continue taking the medication. While some medications are effective in relieving pain, their side effects may be as bad or even worse than the pain. For example, although narcotic medications can provide patients with significant pain relief, their long-term use can interfere with a person's healthy cognitive functioning. Thus, the deterioration of memory and judgment can undermine a patient's personal and professional relationships, and ultimately, their quality of life, even more than chronic pain. In all cases you need proper medical follow-up to monitor your medications.

What to look for: The physician you select should be knowledgeable about a wide range of pain treatments, including, but not limited to, prescription medications. There are many options available for treating your chronic pain condition besides prescription medications. For example, in treating chronic low-back pain, acupuncture, osteopathic manipulation, physical therapy and even dietary changes often can be more effective than medication. You may find that by engaging in some of these alternative therapies you can reduce some of your prescription medications.

Bottom line: While medications may help pain, some also have the potential to cause other problems with your health and quality of life. Be confident that the medication your doctor has prescribed for you is truly the most effective and least invasive way of treating your chronic pain problem.

#11 – Are Sleep Problems Increasing Your Pain?

The risk: If you are sleeping an average of only five to six hours a night, the odds are that your ability to think and function on a day-to-day basis is equivalent to that of someone who is operating under the influence of alcohol.¹⁴ For optimal health, most people need an average of seven to nine hours of sleep per night. Sleep deprivation -- caused by insufficient sleep or poor quality of sleep -- impairs the body's immune system, physical reflexes, emotional stability and cognitive functions. It can also lead to an increase in muscle, joint and nerve pain. In addition, sleep disorders can sometimes be caused by pain or be a *symptom* of other serious illnesses such as clinical depression, heart disease or sleep apnea.

Example 1 - Sleep Apnea: If you are chronically tired despite getting eight hours of sleep per night, you could be suffering from a common, but often undiagnosed sleep disorder, known as sleep apnea. Sleep apnea is a condition where a person will stop breathing for variable periods of time during the night. This interrupted breathing results in a decrease in the concentration of oxygen in the blood, which can result in serious health consequences such as elevated cholesterol, heart disease and decreased longevity. Sleep apnea will also make chronic pain much worse. If you have sleep apnea, you also need to be very careful about taking medications. Sleeping pills, antihistamines such as Benadryl, and all narcotic pain medications can

¹⁴ Dinges DF. Cumulative Sleepiness, Mood Disturbance Increases and Psychomotor-vigilance Performance Decrements During a Week of Sleep Restricted to 4-5 hours Per Night. *Sleep*. 1997, April; 20(4): 267-277.

make sleep apnea worse. The diagnosis and treatment of this condition or other sleep disorders is crucial to any comprehensive treatment program for chronic pain.

Example 2 - Fibromyalgia: Most patients with a condition called fibromyalgia and many patients with chronic pain from other causes demonstrate an impairment of a specific component of sleep called “alpha-delta-wave sleep.”¹⁵ Sleep-wave-pattern disturbances appear to have a significant impact on pain and play a role in some psychiatric conditions such as depression and post-traumatic stress syndrome.¹⁶ Stress-reduction techniques, sleep-hygiene tips, nutritional supplements, acupuncture and some medications may be needed to restore normal sleep patterns.

What to look for: You want a physician who understands the relationship between sleep disorders and pain, and who is knowledgeable about the newer prescription medications to help restore delta-wave sleep as well as non-prescription drug solutions for sleep disorders, such as mind/body relaxation techniques, acupuncture and herbal remedies that can be effective in helping to resolve sleep problems.

Bottom line: If you are attempting to heal from an acute injury or a chronic illness, your initial medical evaluation should include a comprehensive assessment of your sleep history. In developing your treatment plan, your physician should consider all of your options, including the need for specialized medication to help restore healthy sleep patterns.

#12 – Understand that Nutrition Can Contribute to Your Pain Problem

Misconception: If I eat a basically healthy diet, I must look elsewhere to determine what is causing my chronic pain.

In reality: Not necessarily. Sometimes nutrition can be the whole problem. Furthermore, what is “healthy” for one person may cause problems for another. For example, a person can have a “basically healthy diet,” but still suffer from a magnesium deficiency that causes muscle pain, migraines, fatigue or a sleep disorder. Similarly, undiagnosed celiac disease, otherwise known as gluten intolerance, can lead to arthritis, anemia, digestive problems and depression. Some patients have other illnesses or genetic weaknesses that prevent them from properly absorbing certain nutrients. Food allergies also can create or contribute to pain problems, including generalized inflammation in the body, headaches, arthritis flare-ups, and muscular pain.

Bottom line: Look for a physician who understands the role that nutrition can play in causing and alleviating some pain conditions. After taking a thorough patient history and determining whether your pain has been responsive to prior therapies, your physician should be prepared to investigate possible underlying nutritional problems. For example, your physician should be familiar with the specialized testing necessary to measure your magnesium levels and intestinal permeability, and should be experienced in determining when to test for food sensitivities and allergies. Finally, you should seek a doctor who is knowledgeable about nutritional supplements and how these may sometimes be used as an alternative to prescription medications.

#13 – Ask About Your Hormone Levels – Imbalances Could Be Causing Your Pain

The risk: Hormone imbalances, such as thyroid disease, low estrogen, or low testosterone can cause musculoskeletal pain, increased pain sensitivity, fatigue, headaches, and a host of other problems, including

¹⁵ Moldofsky, H. Fibromyalgia, Sleep Disorder and Chronic Fatigue Syndrome. *1993 CIBA Foundation Symposium Report* 173:262-79.

¹⁶ Maher, J et al. Sleep Disturbances in Patients with Post-Traumatic Stress Disorder: Epidemiology, Impact and Approaches to Management. *CNS Drugs*. 2006; 20(7):567-90.

depression, loss of mental acuity, and loss of libido.

What to look for: Seek out a physician who understands that a malfunctioning of your hormonal system can contribute to your pain problem. Ideally, your physician should also be skilled in addressing hormonal imbalances using a variety of strategies, including prescription medications, bioidentical hormones, herbal remedies, acupuncture, and lifestyle modifications such as dietary improvements, regular exercise and relaxation. Look for someone who will evaluate the health risks and benefits of using medications and alternative treatments in light of the latest medical research and *your individual healthcare needs*.

Bottom line: If you have been suffering with chronic pain, your physician shouldn't overlook the possibility that an imbalance in your hormones could be causing or contributing to your problem. Seek out a physician who is knowledgeable about the relationship between hormonal systems and pain syndromes.

#14 – Is Biotoxicity or Neurotoxicity Causing or Contributing To Your Pain?

The risk: We are all exposed to varying levels of environmental toxins – at home, at work or when traveling – through exposure to molds, insect bites, heavy metals, food preservatives, or other harmful chemical agents. Biotoxicity occurs when the body's normal biochemical systems managing digestion, respiration, joint flexibility, brain function, etc. are impaired after a person has inhaled or otherwise ingested toxins. The painful symptoms of biotoxicity/neurotoxicity are similar to the symptoms of and can manifest as the following disease conditions: fibromyalgia, migraine headaches or chronic headaches, depression, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), chronic fatigue syndrome, recurrent sinus infections or chronic sinusitis, asthma that is unresponsive to conventional therapy, or autoimmune diseases such as: psoriatic arthritis, celiac disease, irritable bowel syndrome and rheumatoid arthritis. If your condition has not responded to conventional medical treatment, biotoxicity could be contributing to your condition.

What you should know: In most people, the liver is able to break down biotoxins, so they can pass through the intestines and be excreted from the body. In about 20 percent of the population, however, this elimination process fails. This group lacks the proper liver enzymes to break down toxins, so instead of being excreted, the toxins are reabsorbed through the lining of the intestines back into the body. The body then sequesters the toxins wherever it can - damaging the muscle tissue, nerves and connective tissue in these "holding areas."

Bottom line: If the underlying cause of your pain or illness is biotoxicity or neurotoxicity – and your treatment plan does not include detoxification treatment – your overall recovery is likely to be incomplete and slower than it needs to be. After consideration of your overall medical history, your current symptoms, your genetic makeup, your history of exposure to biotoxins and your lifestyle, biotoxicity can be identified or ruled out as a cause or contributing factor, and your treatment plan can be individually tailored to help resolve your pain problem.

#15 – Are Emotional Issues Playing a Role in Your Pain?

Misconception: Any emotional problems I am experiencing (or have experienced in the past) should be of little or of no concern to my physician.

In Reality: Severe chronic pain and emotional difficulties are usually closely intertwined. At a minimum, unresolved physical pain is emotionally exhausting. For many sufferers, chronic pain directly interferes with

their ability to work, engage fully with their loved ones or enjoy leisure pastimes. In addition, chronic-pain medications can sometimes undermine patients' executive functioning, including their memory and decision-making ability. In sum, unresolved pain often imposes significant losses in terms of physical, social, recreational and cognitive functioning. Understandably, the long-term loss of these functions often leaves patients feeling frustrated, angry, frightened, sad or even hopeless. Unaddressed, these emotions can 1) make it difficult for patients to follow through with treatment recommendations and 2) disrupt patients' normal sleep patterns which can further weaken the body's ability to heal itself.

Background: Pre-existing psychological disorders and traumas can lead to or magnify chronic pain conditions. It is not uncommon for some psychological injuries to manifest as chronic illness or chronic pain disorders, and there is substantial medical research demonstrating that adults who experienced severe psychological trauma as children have a much more difficult time recovering from physical-pain syndromes. Patients suffering from clinical depression are more sensitive to physical pain, they experience pain more acutely and it takes longer for their pain to subside. Unfortunately, many patients with serious psychiatric disorders have trouble adhering to their treatment regimes -- including taking medications -- which of course, can seriously complicate their course of recovery. Finally, psychological or emotional problems are often associated with sleep problems, and sleep deprivation can cause or contribute to chronic pain. Even patients who are simply "stressed out" because of work, finances or family problems are going to be more susceptible to chronic illness and pain.

What to look for: You want a physician who understands the multidimensional nature of chronic pain – a doctor who, in diagnosing your pain problem, takes time to assess not just your physical symptoms, but also your overall physical health, your emotional state, your cognitive functioning and your situational-stress level. You want a physician who works in collaboration with mental health professionals, who helps to educate you about the mental health aspects of your chronic pain condition and who incorporates these mental health components (including stress management), into your overall chronic pain treatment plan.

Bottom line: Choose a physician with a "mind-body, integrative medicine" approach, who has the time to evaluate and address the mental health aspects of your chronic pain problems. Ideally, your doctor will be part of a medical team that includes a psychotherapist with whom your physician can easily consult.

#16 – Make Sure Everyone on Your Team Is Talking!

Misconception: "I can assume that my doctor is conferring regularly with my other medical providers about my care."

In reality: Chronic pain is a multi-faceted problem that requires a multi-disciplinary approach. Each person needs a treatment team of specialists to help facilitate the healing of every component of chronic pain. Good communication is key to the successful management of your chronic pain. Obviously, there must be honest and clear communication between you and your physician, but because the effective treatment of chronic pain conditions requires a multidisciplinary approach, it is also crucial that there be strong collaboration among the other medical professionals involved in your care (physicians, psychotherapists, physical therapists, etc.).

You should know: Today, medical care is a highly specialized and compartmentalized business, and many physicians are pressured by significant time constraints. This can make close collaboration among your medical professionals a real challenge. The result? When your physician sends you to a physical therapist, psychotherapist or other medical specialist, there may be little or no follow-up. And even when the person to whom you have been referred sends a written report to your doctor, there may never be an opportunity for

the two to talk directly about your progress or to explore alternative treatment strategies that might help you heal more quickly and completely.

What to look for: For the effective treatment of chronic pain and illness, your best bet is likely to be a pain clinic with a multidisciplinary team offering integrated medical care. Make sure your providers meet regularly to review concerns, share insights and exchange information about your medical progress. Only in this way will your medical team have a clear understanding of what your treatment plan should be and how the different pieces of your treatment plan should be adjusted as you respond to treatment. Once your pain starts getting addressed, timing can be crucial in adapting your plan to keep the momentum of progress moving.

Bottom line: An integrative mind-body medical clinic can offer you an individualized treatment plan with closely coordinated health services that allows for a more tailored and adaptable treatment plan.

#17 – Should I Go to a Doctor Who Specializes in Integrated Medicine? (and What Exactly is That Anyway?)

Benefits of an integrative medical approach: An integrative physician with experience treating your particular pain disorder will be able to assess your medical condition from a multi-faceted perspective, and is more likely to present you with a variety of treatment options and sequencing of options. For instance, your integrative physician will consider when it makes sense for you to take medication, when surgery is your best course of action, when acupuncture may be most effective for you, and when focusing on a nutritional approach makes the most sense. You are likely to get a quicker and more complete result when your treatment plan is designed according to your specific needs and requirements.

What to look for: Identify a physician who is not only expert in helping patients with your particular condition, but also one with experience using alternative and complementary medical approaches. An integrative practitioner is able to use knowledge and methodologies from a variety of medical systems to facilitate healing. These may include family medicine, internal medicine, osteopathic and other manual medicine approaches, pharmaceutical, herbal, homeopathic and nutritional medicine, medical acupuncture, ayurvedic medicine, and mind-body medicine, which incorporates stress reduction and relaxation techniques. The right combination of methodologies needed for your recovery will depend upon your medical history, your present physical and mental condition and the unique circumstances of your life.

An example: Not infrequently, we find that patients who have treated their chronic pain primarily with medications end up with impaired digestion as a result of taking so many medications. The digestive problems can interfere with absorption of critical nutrients, which can, in turn, set off generalized inflammation or lead to low magnesium, a condition that exacerbates pain sensitivity. An integrative medical approach to your pain will incorporate an evaluation of your nutritional health, to check your digestion and magnesium levels. Your integrative physician may use acupuncture to resolve the problem, or the acupuncture may resolve just 20% of the problem. However, by employing manual medicine, manipulative therapy, or physical therapy, your physician may be able to help you resolve another 50% of your pain condition. Finally, by identifying and addressing nutritional issues and selectively using medications, you may be able to address another 20% of your problem. The net result: by combining modalities, you've used far less medication and hopefully experienced fewer side effects to achieve more complete resolution of your chronic pain. Using an integrative medicine approach minimizes your pain and maximizes your chances of achieving optimal good health, which allows you to fully re-engage in the life you want to lead.

Bottom line: Integrative medicine is the medicine of the future. It's about utilizing the best of conventional and alternative medicine to get the best possible results for you. Ultimately, it's about excellence in medicine.

[BONUS - 2-Page Checklist to Help You Choose an Excellent Pain Doctor](#)

Before you schedule a visit, find out:

- How much experience does the physician have in treating chronic pain?
- Does the physician work in a team situation? If yes, who is involved?
 - Physical Therapists
 - Acupuncturists
 - Homeopaths
 - Psychotherapists
 - Osteopaths
 - Nutritionists
 - Massage Therapists
 - Nurse Educators
 - Chiropractors
- Does the physician use one particular method to treat pain or does he or she utilize a variety of approaches?
 - Surgery
 - Hormone Replacement Therapy
 - Vitamin IVs
 - Medical Acupuncture
 - Psychotherapeutic Counseling
 - Herbal Remedies
 - Physical Therapy
 - Osteopathic Manual Medicine
 - Homeopathy
 - Mind-Body Medicine
 - Nutrition Counseling
 - Prolotherapy
 - Trigger Point Injections
 - Biototoxicity Testing/Treatment
 - Botox Injections
 - Craniosacral Therapy
 - Nutritional Supplements
 - Massage Therapy
 - McKenzie Method
 - Meditation Programs
 - Brain Gym
- Is the physician's approach to pain management individualized to meet the specific needs of each patient?
- Will the physician take a comprehensive look at you and see the pain in the context of your entire life?
- What are the physician's board certifications? (Of particular interest is whether the physician has achieved board-certification in pain medicine or physical medicine and rehabilitation, or in anesthesiology.)
- What are the physician's other credentials that would make him or her well-suited to help you resolve your chronic pain problem? Specifically, is the physician a specialist in family medicine, internal medicine or integrative medicine?
- Does the physician have a Website? If so, visit it to learn about his or her certifications and credentials and also to get a sense the physician's experience in treating *your specific disorder*.
- Talk to other patients who have been treated by this physician. This is a very good way to find out about the doctor's success in resolving chronic pain problems as well as his or her ability to

communicate effectively with patients.

When talking with your physician, make sure you ask the following questions:

- “Doctor, what is my diagnosis or all of my diagnoses?”

- “What is the treatment plan? How am I going to get from where I am today to either having the pain resolved, or at least being able to get my life back and dealing with the pain as best I can?”

- If the treatment plan involves surgery, ask, “Can you tell me about the range of non-surgical options that are available, and explain why you believe surgery is the best alternative for me, given my specific medical and life situation?”

- “Is there a possibility that biotoxins or neurotoxins are contributing to my illness?”

- After telling your doctor about any fatigue or sleep problems you might be experiencing, you might ask, “Are these issues related to my chronic pain?”

- “Is it possible that hormone imbalances are contributing to my chronic pain problem?”

- If medication is prescribed, ask, “Does the medication you are prescribing for me have side effects that I should be concerned about, and are there any herbal or homeopathic remedies or nutritional supplements that might improve my condition but leave me with less side effects?”

- “Are there dietary changes, including nutritional supplements, that I should consider incorporating into my treatment plan? How can you tell if I am adequately digesting both my food and the supplements I am taking?”

- “What do you know about incorporating non-surgical treatments such as acupuncture, manual manipulative medicine, physical therapy, therapeutic massage and psychotherapy into a comprehensive treatment plan for the resolution of pain? Are there any professionals with these skills whom you trust and work with closely?”