

# Community Functional Restoration Program (cFRP) Vermont RETAIN

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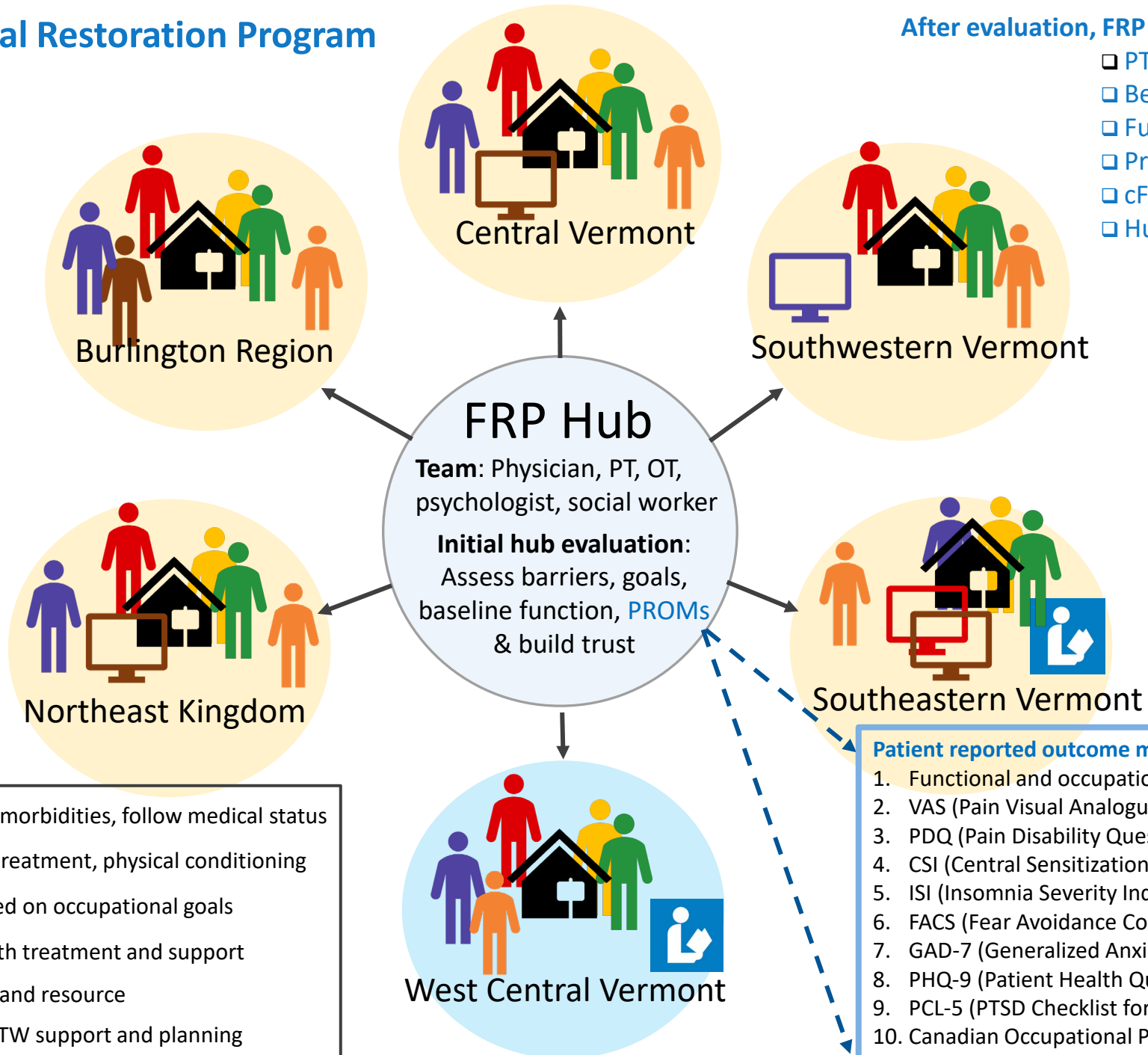
Disclosures

No disclosures.

# Community Functional Restoration Program

After evaluation, FRP team determines level of care:

- PT or OT course only
- Behavioral health treatment first
- Further diagnostic workup
- Procedures or surgical evaluation
- cFRP
- Hub FRP



- Patient reported outcome measures (PROM)**
1. Functional and occupational goals for the program (per patient)
  2. VAS (Pain Visual Analogue Scale)
  3. PDQ (Pain Disability Questionnaire)
  4. CSI (Central Sensitization Inventory)
  5. ISI (Insomnia Severity Index)
  6. FACS (Fear Avoidance Components Scale)
  7. GAD-7 (Generalized Anxiety Disorder-7)
  8. PHQ-9 (Patient Health Questionnaire Depression Module)
  9. PCL-5 (PTSD Checklist for DSM-5) – *if applicable*
  10. Canadian Occupational Performance Measure (COPM)

- Medical provider to monitor co-morbidities, follow medical status
- PT for diagnostic classification, treatment, physical conditioning
- OT for specific skill building based on occupational goals
- Psychologist for behavioral health treatment and support
- Social worker for social support and resource
- Vocational counselor for SAW/RTW support and planning

# Objectives

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Define the purpose of the cFRP

Explore the inclusion and exclusion criteria for the cFRP

Describe the day to day workings of the cFRP

Describe the expected results of the cFRP

End with an open Q&A session on all topics related to Pain Management

# cFRP inclusion/exclusion criteria

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- The patient must have a chronic pain syndrome, with evidence of loss of function that persists beyond three months.
- The diagnosis cannot be primarily a personality disorder or psychological condition without a physical component.
- Previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant long term clinical improvement.
- Must be willing to actively participate in approximately 60 hours of treatment through this program over a 1-4 month timeframe. The treatment will consist of both physical rehabilitation and pain neuroscience training.
- Must have very specific goals (return to a specific job, mow the yard, complete all ADLs independently, etc) which they would like to achieve by completing this program.

# cFRP inclusion/exclusion criteria - continued

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**And** the patient has evidence of three or more of the following:

- ❑ Excessive dependence on health-care providers, spouse, or family because of this condition;
- ❑ Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain from this condition;
- ❑ Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts because of this condition;
- ❑ Failure to restore pre-injury/pre-illness function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs;
- ❑ Development of psychosocial sequelae (directly from this condition) that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention);
- ❑ There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) for this condition without evidence of improvement in pain or function.

# GAP Evaluation

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- This consists of evaluations by a physician, a clinical psychologist, and by either a PT and/or an OT to determine if the patient is appropriate for the cFRP.
- It is also used to determine if there are patient goals that are identifiable and achievable as well as to obtain baseline physical and patient reported outcome measurements prior to the start of the program.
- *These measurements will also be captured at the end of the program as well to determine the success of the program.*

# GAP evaluation – 1<sup>st</sup> part: Medical Provider Portion

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- The physician will be the initial evaluator
- The patient complete the PROMIS-29
- If the patient is on opioids, an MME (mg Morphine Equivalent) will be calculated for comparison to that calculated at the end of the program.
- If the program is still a go after this evaluation, the physician will refer the patient on to PT/OT and the clinical pain psychologist for their part of the GAP evaluation.

# GAP evaluation – 2<sup>nd</sup> part: Rehabilitation Portion

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- Standardized physical testing of the patients. Baseline strength, tolerance, range of motion, and overall physical condition will be measured and documented.
- Further formal definition of the patient's specific goals will be assessed by the PT/OT (using the COPM).
- As more Spoke providers are trained in this specific testing regime, some GAPs will occur at the Spokes.

# GAP evaluation – 3<sup>rd</sup> part: Pain Psychology Eval

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- This consists of an interview and completion of Patient Reported Outcome Measures (PROMs) to determine if the patient is appropriate and to obtain further baseline measurements pre-program.

# General Framework

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- 1 hour of general conditioning (1 hour of warm up) 3 times per week (total of 15 hours of conditioning time) – at the Spoke
- 1 hour of Functional Conditioning (Progressive Rehabilitation) with a physical therapist and typically following the conditioning session 3 times per week (total of 15 hours of PT time) – at the Spoke
- 1 hour of Occupational Therapy to translate physical abilities to specific physical goals 1-3 times per week. Potentially following PT or conditioning time => Total of 14 hours – at the Spoke
- 1 hour of group counseling sessions/group discussions/group lectures 1-3 times per week led by Dr. Detzer or Dr Dent=> Total of 15 sessions (1 hour/each) the set of sessions will repeat every 4 weeks – Through Telehealth from the Hub

# General Framework - continued

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- In addition to the previous time, each patient will spend:
  - 1) at least 2 hours of consultation with the medical provider (1 at the start of the program, 1 at the end, and as needed during the program)
  - 2) At least 2 hours of consultation with the Physical Therapist (1 at the start of the program, 1 at the end, and as needed during the program)
  - 3) At least 2 hours of consultation with the Occupational Therapist (1 at the start of the program, 1 at the end, and as needed during the program)
  - 4) At least 2 hours of evaluation with the Pain Psychologist (1 at the start of the program, 1 at the end, and as needed during the program)

# Follow up

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- 6 month post-program completion: Evaluation by the PT/OT to determine if the patient was able to retain their physical improvements and to re-administer the COPM to quantify their goal attainment and satisfaction.
- 12 month post-program completion: Mail in form to determine their level of goal attainment at one year out from program completion

# References

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Questions?

- Questions about the cFRP
- Questions about anything related to Pain Management
  
- Also, feel free to email me at [d.dent@NVRH.org](mailto:d.dent@NVRH.org)

Thank you!