

Multimodal Pain Management

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- History
 - Examination
 - Physical therapy
 - MRI
 - State opioid report review
 - Treatment plan

Interventions

- Inflexion
- Medications
- Injections
- High structure interventions
 - morphine pumps,
 - percutaneous discectomy
 - spinal cord stimulator

Lessons from Dana Farber

- Start from the ground up
- Do not move on or replace, but build on previous step
- NSAIDS, acetaminophen then adjuvant
- Daily PT and hep
- Two per week of seven does not work
- First 6 weeks are the most important

Patients are unique

- CBT
- Acupuncture
- Medications or injections or combinations of treatments

Goals are common

- Get patients back to work as soon as possible
- Light duty is possible for majority of patients
- Retraining should be considered early if return to original job is unlikely
- As time goes on, treatments and costs go up exponentially
- Case managers are crucial to coordinate treatments and keep patient on track to return to work early

Pain Is Inevitable

Suffering is optional

“

The greatest evil is physical pain

”

St Augustine

“

Nobody really wants to hear about anybody else's injuries. Or how your back feels. Whose back doesn't hurt?

”

Peyton Manning

Actually, WE do!