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THE REHAB CENTER INCORPORATED

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There Is Always Hope

The Rehab Center in Charlotte, North Carolina, has been abiding by this rule for 26 years of offering interdisciplinary care to injured workers.

"So many people come to us feeling hopeless about ever getting better— often because that is what they have been told by others around them," said Dr. Brian O'Malley, psychologist and founder of The Rehab Center. "They have spiraled downhill in their function and they truly believe they have no future worthwhile looking forward to living."

"Over 26 years in this community, however," added Dr. O'Malley, "we have been able to help people reverse the downward spiral and experience hope once again. We have witnessed countless people on the path toward fulfilling lives, conquering problems that had previously overwhelmed them, and becoming once again the engaged, vital people they knew themselves to be before their injuries."

MULTIFACETED PROBLEMS, MULTIFACETED SOLUTIONS

"We are fortunate to live in a region with a sophisticated medical community that is on top of cutting edge treatments, interventions, and surgical approaches for painful conditions," says The Rehab Center's Medical Director since 1993, Dr. Kern Carlton, who is himself board-certified in Pain Management, Physical Medicine and Rehabilitation, and in Independent Medical Examination. "There is no doubt that the care they provide has helped a lot of people get better and avoid developing chronic pain.

However, there are some people that for a variety of reasons just do not respond to those treatments and then develop chronic pain syndromes. At that point, those interventions are just not as successful as they are with the majority of cases, and that is where we come in."

Dr. Carlton reports that doctors and surgeons who treat pain patients are increasingly better at recognizing when they need to refer a patient for interdisciplinary treatment.

"Patients with chronic pain present a complicated picture of pain, deconditioning, depression, anger, and uncertainty, on top of whatever physical damage they sustained initially. No one tool can possibly reverse all that. At The Rehab Center, we provide patients with a whole toolbox of approaches and coping techniques. Our goal is always to pass that toolbox on to the patients, so that they can use those successfully without needing us."

INTERDISCIPLINARY CHRONIC PAIN TREATMENT

While the doctors and clinicians at The Rehab Center all see patients individually who may only require those particular services, the hallmark of TRC is their comprehensive interdisciplinary program, knows as the Functional Restoration Program. "The language has changed over the 26 years that we have been in practice," noted Dr. O'Malley. "The terms used to describe the program

have changed over the years as the 'approved' nomenclature has changed in the literature used by clinicians, insurance carriers, and others. Our Functional Restoration Program used to be called the Comprehensive Pain Program; it has also been known as the "Interdisciplinary Pain Program" and the "Pain Rehabilitation Program." Similarly, back when we first started, "rehab" was understood to mean physical rehabilitation; somehow the term has come to mean drug detox—leading to some misunderstandings when we announce that we are all in rehab," he laughed.

"What has not changed is the commitment, on the part of a team of experienced professionals, each contributing from their own specialized skills and talents, working together to help provide the best possible care to injured workers."

Patients in the program engage in a range of functional activities in an environment rich with education, guidance, and support. Following a careful, comprehensive assessment by a physician, psychologist, and physical therapist, patients regarded as appropriate candidates enter a 20-day program taking place five days a week for eight hours a day. It may seem daunting to many — some patients enter the program after spending most of the time lying down, using medications, and barely getting out of bed—but they start out participating at a level that is manageable for them, from which they gradually build the ability to carry out functional activities over a full day. Patients accomplish these seemingly implausible gains by being taught how to do so correctly, not just being "pushed" to do more. Moreover, they are seen by their physician on a daily basis, troubleshooting concerns and medical issues, and streamlining medications so as to reduce or eliminate unnecessary or excessive medications that may be hampering improvement.

In addition, patients are taught coping skills including relaxation and cognitive behavioral strategies for managing pain, depression, and dysfunctional beliefs that may contribute to fear and avoidance of healthy activities.

Dr. Darcy Alexander, a recent arrival at The Rehab Center with postdoctoral training in clinical health psychology and pain management, notes that patients have frequently developed the belief that any pain with activity is an indication of danger and potential harm. "As a result, they avoid those activities, and as weakening inevitably occurs with the absence of movement, even less strenuous activities become associated with pain, and the end result is a general avoidance of all those aspects of life – work, fun, family events, sex-- that give us pleasure, meaning and fulfillment. We help people realize that hurting does not always indicate harm; we teach them to cope successfully with flare-ups of pain, and they come to realize that hurting can in fact be minimized with resuming those enjoyed activities, but in a careful, deliberately planned manner.

"Part of it is the physical strengthening, no doubt," Dr. Alexander notes. "But the enjoyment of feeling like oneself again undoubtedly helps to reduce the experience of suffering with pain."

Another clue to the success of patients in the interdisciplinary pain program may be literally in the brain.

"Advances in neuroimaging technology have allowed us to see changes in the brain we could not have imagined seeing only a few years ago," explains Dr. O'Malley. "There are now a number of studies showing that gray matter in the brain diminishes—similar to what happens in Alzheimer's—in at least some patients with chronic pain. However, there is growing evidence that these changes reverse and the brain normalizes once again as a result of cognitive behavioral therapy and reactivation."

This hypothesis corresponds with the subjective experience of many patients, says Dr. O'Malley. "They often come in telling us they have memory problems, they're more distractible, they have trouble making decisions, and so forth. And so many of them leave here feeling sharper, more on top of their game. You can see it in their facial expressions, in their demeanor."

NOT A "ONE SIZE FITS ALL"

"One of the unfortunate tendencies we have seen in a lot of the literature on chronic pain," notes Dr. O'Malley, "is to regard patients with chronic pain as somehow all alike. We are keenly aware that each person is unique and brings a unique history of skills and experiences. While they may have become demoralized and pessimistic, they were all previously employed and had talents and personality features that allowed them to function successfully. A big part of our job is to help resurrect those positive abilities unique to each individual to help them deal with their own particular situation."

Interestingly, one of the most powerful modalities to accomplish this is treatment in a group format. "Human beings are inherently social beings, and one of the more devastating losses sustained by injured workers, if sometimes unrecognized, is the loss of everyday social encounters. A big part of what they used to enjoy was spending time with friends, co-

workers, neighbors, and even people they were just used to seeing at the corner store."

"It may not seem like such a huge part of life," added Dr. O'Malley, "but it turns out that it really is. So, every patient in our program has a unique treatment plan tailored to their needs and their abilities. However, they are seen in groups for lectures and they exercise together in the gym. This group format allows for access to social relationships in a safe environment. We know from research that the re-establishment of normal social relationships is conducive to improving health outcomes across a variety of conditions. In the case of chronic pain, it also provides a healthy form of distraction from pain. Moreover, it generates a sense of normalcy that encourages patients in their rehabilitation. We have also found that by having patients together while at different stages of their 20-day treatment program, those who are further ahead in their treatment frequently take it upon themselves to encourage and cheer on those who are starting. It helps a great deal to reduce the fearfulness and uncertainty they might feel as they take on this new challenge."

OUT OF TOWNERS WELCOME

Fortunately, access to The Rehab Center's program is not restricted to locals who can commute to the program. In fact, a large percentage of patients come from distant communities throughout the Carolinas and beyond. The Rehab Center makes arrangements with local hotels to provide safe and comfortable lodging at the best rates available and they provide transportation to and from the hotel during the week. Despite some initial trepidation about being away from home and family, many find that having time to focus on their wellbeing and improvement, without the distractions of everyday life, allows them to make gains that they are then able to maintain at home. Workers Compensation carriers typically cover these costs when distance from Charlotte is an issue.

Program Coordinator Cristy Dyar, MRC, CCM, CRC, came to TRC after working for years as a vocational case manager for injured workers. She is very much aware of the difficulties many of them face obtaining access to rehabilitative services. "Most people," notes Cristy, "are willing to do almost anything that will help them overcome their pain and symptoms, and to recover a more independent and fulfilling life. However, those who live far away often worry that they will not be able to obtain treatment if it means being far from home. Part of my role is to help to pull it all together for them, facilitating communication among all the various participants involved -- patients and their families, our staff, referring physicians, case managers, insurance adjusters, and attorneys – in order to provide the needed care for the injured workers."

"Once admitted to the program, we continue to keep the communication channels open so that everyone is on the same page. Patients, case managers, and adjusters all know to come to me with any questions they may have about the program, as well as issues involving lodging, transportation, meals, prescriptions, and the like. We want the patients to be as free as possible to focus on getting better, and not being distracted unnecessarily with other concerns."

BUT WAIT, THERE'S MORE!

The second part of this newsletter is soon on the way, going into greater detail regarding the physical therapy and vocational counseling components of the program —as well as highlighting the treatment of injured workers with post-concussive symptoms. We also address data on treatment outcomes and the educational mission of The Rehab Center. Stay tuned!

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The Rehab Center welcomes referrals for all of its various services by phone, (704) 375-8900, fax, (704) 335-7178, or online.

The website, www.TheRehabCenter.com, has a handy online referral form, or you may contact the Program Coordinator, Cristy Dyar, directly at CDyar@TheRehabCenter.com

Referral to the Program should be considered when a patient complains of chronic pain and most of the following criteria are present:

- Pain or symptoms that exceed 3 months in duration
- Surgery is not being contemplated or the patient did not respond successfully to surgery
- Significant use of medication for pain management
- Recovery landmarks not achieved
- Failure to benefit from acute physical therapy or a work hardening program
- History of an unsuccessful transition to work.
- Emotional distress (depression, fear, anger or anxiety)

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