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Interdisciplinary chronic pain rehabilitation: efficacious and cost-effective

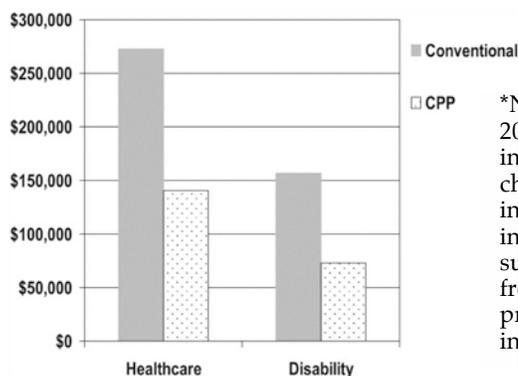
Interdisciplinary chronic pain rehabilitation programs exist on the premise that pain does not occur in a vacuum, but rather in the context of a matrix of suffering. Patients with chronic pain often end up becoming depressed, angry, fearful, and wary of the advice of their providers. Chasing an elusive cure for pain ends up being a time-consuming, frustrating, and ultimately ineffective strategy for most patients suffering with chronic pain.

Addressing the individual person's experience and expectations regarding pain proves paramount if they are to emerge from the black hole of persistent pain and disability.

To this end, interdisciplinary pain programs include not only medical supervision, but also function-oriented physical therapy, and cognitive-behavioral psychological treatment aimed at empowering patients to cope more actively and confidently. A number of [studies](#) have documented the superior efficacy of comprehensive chronic pain programs at helping patients regain function, increased control over pain, and decreased emotional distress. These have also proven [cost-effective](#) in terms of reducing long-term medical and disability costs.

View the QR code to the right to see the abstract of a 2006 review of evidence-based scientific data documenting the treatment and cost-effectiveness of comprehensive pain programs for chronic non-cancer pain.

The graph below indicates lifetime healthcare and disability costs following treatment (Comprehensive Pain Program versus Conventional Medical Treatment)* (Source: Gatchel and Okifuji, *The Journal of Pain*, 2006).



*Note that this estimate is from 2006. Given the enormous increases in medical costs for chronic pain since then—including medications, interventional procedures, and surgeries—the savings realized from comprehensive pain programs is likely much greater in 2013.

Successful Outcomes for Workers Compensation patients

A number of studies have indicated a lower likelihood of successful medical/surgical interventions when patients are in injury-related litigation, including Workers Compensation. However, it is noteworthy that a group of [researchers](#) found that “patients with pending litigation may initially appear worse on measures of pain and disability, but can still experience significant improvements in pain and disability **when an interdisciplinary approach is adopted** (Robinson, et al, 2004).”



View the QR code for the title page of the article in the *Journal of Pain*

Outcomes at The Rehab Center's Functional Restoration Program

Our experience for over 25 years has been compatible with that reported in the clinical research literature. A recent [review](#) of our program graduates—injured workers, the vast majority of whom had been out of work, for an average of 19 months-- indicated that overall they made significant gains in overall function, physical capacities, readiness to return to work, and work category as based on lifting ability. Significantly, they reported a great deal of satisfaction with the program, with almost 90% describing it as “excellent.”

We are also tracking significant reductions in medication usage and improvements in emotional wellbeing.

Cognitive-Behavioral Therapy

Chronic pain is frequently complicated by psychosocial factors. People develop considerable anxiety and depression when they have been hurt, out of work, financially insecure and worried about their long-term health and wellbeing.

Numerous studies have shown that these and other psychological—not necessarily psychiatric – factors play an enormous role in the degree of perceived pain, disability, and response to treatment exhibited by patients with chronic pain.

Chief among these are the fear-avoidance model, which posits that pain-related fear and the related [anticipation of pain with movement](#) is an important vulnerability factor for the development of chronic musculoskeletal pain. In fact, one [study](#) demonstrated that even motor imagery alone increased pain and swelling in the affected body part in patients with complex regional pain syndrome (CRPS), but not in non-CRPS patients. This effect was mediated by autonomic arousal and beliefs about pain and movement, and in particular by catastrophizing thoughts and fear of movement.

Catastrophizing refers to the tendency to expect dire consequences arising from environmental events and from one's actions. This has been [found](#) in multiple studies to be associated with higher levels of reported pain intensity, disability, and depression.

Consequently, much of what transpires in cognitive-behavioral therapy in the context of functional restoration programs (FRP) is aimed at first understanding how patients anticipate and react to pain, and then enabling them to develop and use more functional and appropriate coping mechanisms. The result of using better coping skills is the experience of diminished pain, greater confidence, decreased emotional distress, and improved overall function.

Vocational Counseling

The loss of one's livelihood can be devastating to one's finances and self-esteem. At The Rehab Center, we strive to identify vocational options when available, and alternatives when needed, to enable injured workers to foresee a more stable and productive lifestyle.

Advanced software packages such as OASYS and CareerScope help to identify transferable skills and potential job opportunities for patients in the FRP.

Medication Management

Recent years have witnessed an enormous problem with the use of opioids in chronic pain. While still a controversial issue, there is greater awareness of the extent to which opioids have been implicated in overdose deaths and the development of dependence, tolerance, abuse and addiction—often without the benefit of gains in function. In fact, there have been [studies](#) suggesting that the use of opioids actually *prolongs* recovery of function and may contribute to further disability.

While the use of modest doses may be appropriate for a subset of patients, functional restoration programs aim to emphasize the recovery of function and quality of life over a continual focus on subjective pain. Paradoxically, perhaps, patients experiencing a richer range of activities and diminished dependence on opioids often report improvements in pain intensity greater than those they may have felt they derived from palliative medications.

In FRPs, the goal is for patients to improve their independent pain management skills and reduce dependence on medications. Sensible weaning programs are provided, with efforts to streamline medication regimens so as to avoid unnecessary medications while enabling improved function and wellbeing.

Physical Therapy: Reducing Fear of Movement and Enhancing Function

Physical therapy exercise has advanced a great deal since the days of “no pain no gain,” boot camp-like drills. The interdisciplinary nature of modern pain rehabilitation has allowed for the various disciplines involved to learn from each other in molding a treatment plan.

Recent psychological studies have advanced the “fear-avoidance” model, described earlier. Recognizing this, physical therapy in functional restoration programs increasingly relies on the use of techniques such as [graded motor imagery](#) and more controlled, initially gentler exercises including tai chi and [yoga](#), as well as traditional exercises.

At The Rehab Center, we have found this approach to lead to decreased anxiety and fear of pain, leading to better awareness of and improved body mechanics. In turn, these gains have resulted in average increases of over 100% in lifting ability and commensurate gains in strength, flexibility and endurance.

If you are viewing a print version and would like to see the hyperlinked references, go to our website at <http://www.TheRehabCenter.com> and click on the link for the Spring 2013 newsletter in the News and Articles section.