



# An Osteopathic Approach to Chronic Pain

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# Objectives

1. Acknowledge the import of chronic pain and common pitfalls
2. Discuss the Osteopathic perspective of chronic pain
3. Discuss goal-setting and realistic expectations
4. Develop an Osteopathic and multimodal approach to treatment of chronic pain



# Why Does It Matter?

- They are our patients
  - “An estimated 20.4% (50.0 million) of U.S. adults had chronic pain and 8.0% of U.S. adults (19.6 million) had high-impact chronic pain, with higher prevalences of both chronic pain and high-impact chronic pain reported among women, older adults, previously but not currently employed adults, adults living in poverty, adults with public health insurance, and rural residents.”
- Economic Impact
  - “Chronic pain contributes to an estimated \$560 billion each year in direct medical costs, lost productivity, and disability programs (4).”



# Why Does It Matter?

- Opioid Use & Misuse

- “In 2015, nearly 71 prescriptions for opioids were dispensed per 100 people in the United States (Guy et al., 2017).”
- “Approximately 12.5 million people misused pain relievers in the previous year, and nearly two-thirds of which (63%) did so to relieve physical pain (Hughes et al., 2016).”
- “More than 40 people die every day from overdoses involving prescription opioids.”

- [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/wellness\\_initiative/paw-opioid-prevention-fact-sheet.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/wellness_initiative/paw-opioid-prevention-fact-sheet.pdf)
- [https://www.cdc.gov/drugoverdose/pdf/guidelines\\_at-a-glance-a.pdf](https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf)



# Common Pitfalls

- Pain = pill
- Patient pressure & people pleasers
- Lack of confidence
- Masking the problem



# An Osteopathic Perspective

- Holistic Care
  - The person is a unit: body, mind, spirit
  - Biopsychosocial
- Patient identity crisis



# Goal-Setting

- SMART goals
  - Specific, Measurable, Achievable, Relevant, Time-bound
  - E.g. “Walking for 5min up and down the block outside my house 5 times in the next two weeks before my next appointment. This will help me gain mobility, work on cardiovascular health and start achieving weight loss.”
- Patient specific & patient oriented



# Realistic Expectations

- It's not realistic to expect to eliminate 100% of pain
- It's not realistic to expect a quick fix for a chronic problem
- Pills aren't the only solution
- My line:
  - "My goal is to help you be a better functioning human being. I may not be able to help take all of your pain away, but I want you to function as well as possible to do the things that make you, you."





# Osteopathic & Multimodal Approach

- Pharmacotherapy
- Psychotherapy
- Physical Therapy
- OMT
- Interventional Therapy
- Social

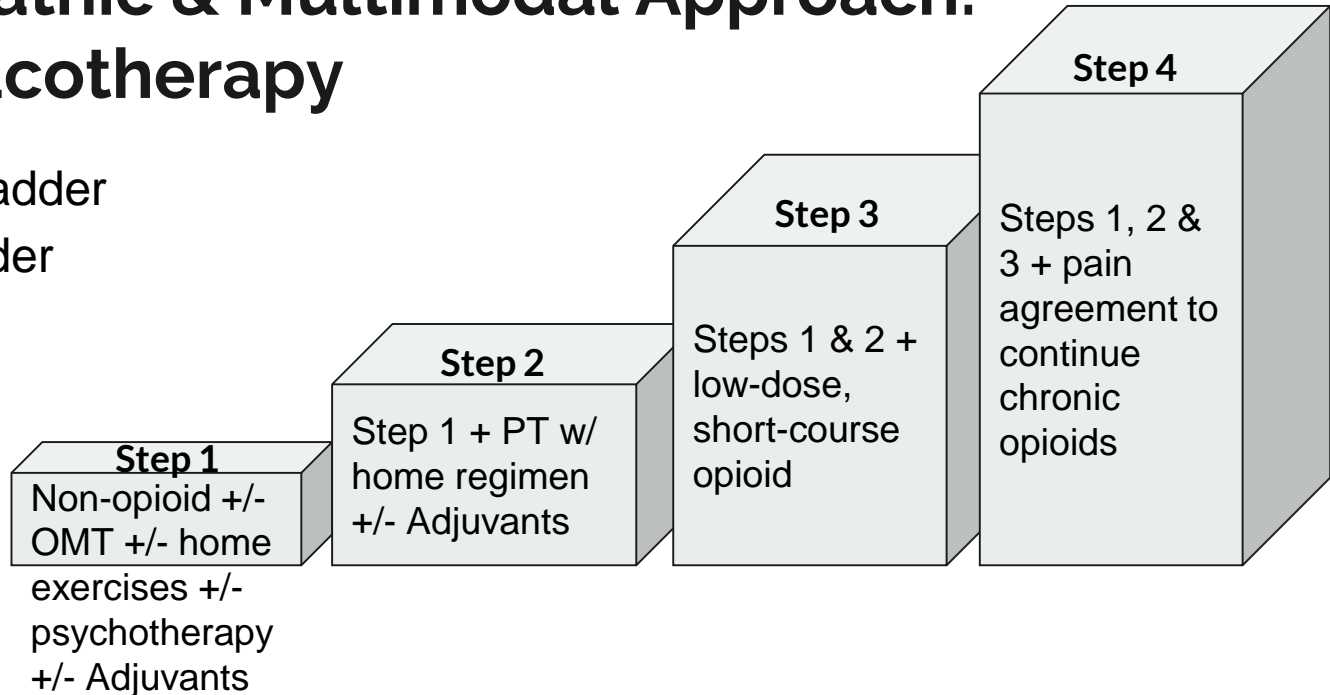


# Osteopathic & Multimodal Approach: Pharmacotherapy

- Classifying type of pain & treating appropriately
  - neuropathic v nociceptive
- WHO ladder
- Adjuvants
- Opioids

# Osteopathic & Multimodal Approach: Pharmacotherapy

- WHO ladder
- My ladder





# Osteopathic & Multimodal Approach: Pharmacotherapy

- Adjuvants
  - Topical (e.g. lidocaine patches, voltaren gel)
  - Gabapentin/Lyrica
  - SNRIs
  - TCAs
  - Muscle Relaxers



# **Osteopathic & Multimodal Approach: Psychotherapy**

- For comorbid mental health disorders
- Somatization



# Osteopathic & Multimodal Approach: Physical Therapy

- Unknown & Underutilized
- Everyone, all the time
- Home regimen: it's for the long haul



# Osteopathic & Multimodal Approach: OMT

- We can fix many MSK-related etiologies
- Ones we can't (i.e. spinal stenosis, disc herniation, etc.), we can reduce strain patterns and allow for better functioning



# Osteopathic & Multimodal Approach: Interventional Therapy

- CSI
- Trigger Point Injection
- Needling
- Epidural injection
- Nerve ablation





# **Osteopathic & Multimodal Approach: Social**

- Assess for barriers to care
- Identity, self-worth and spiritual care

# Questions



# Helpful Resources

- Pain management and dosing guide (University of Florida College of Medicine Pain Assessment and Management Initiative)
  - <http://pami.emergency.med.jax.ufl.edu/2019/07/10/updated-dosing-guide/>
- CDC Guideline for Prescribing Opioids for Chronic Pain
  - [https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)

