

PATIENT EDUCATION

Due to your condition you have lost significant ability to function in your daily activities and/or extracurricular activities. You need to adopt several life-style changes, which will encompass a more active role in taking care of your many health issues.

Integration into a professional environment can decrease pain related hyper-vigilance and somatic complaints.

The pain you suffer from should be treated with a **multidisciplinary approach**. This approach involves increasing your physical activity as a way to prevent de-conditioning and worsening of the pain cycle, and psychological counseling (formal or informal) to address the psychological effects of pain.

The goal of this approach is to return you to a higher level of overall function, restoration of your activities of daily living and/or work and to avoid or at least improve major disabilities.

A comprehensive treatment approach may include all or some of the following:

- Education
- Pharmacological (medication) therapy
- Physical and occupation therapy
- Counseling/talk therapy
- Interventional/surgical therapies
- Further evaluation of the cause of your pain if it hasn't been worked up fully already
- Referral for consultation with other subspecialties
- Consideration of alternative medicine/complementary medicine measures

We consider a **30% reduction in pain a meaningful improvement**. It is important to understand that the goal is not to completely eliminate your pain because that goal is most often unattainable. Instead the goal is to make your pain more manageable so that you can function better overall.

We will set treatment goals and "slowly but surely" work our way towards those goals.

I will track your progress and set appropriate follow-up appointments. I will monitor your progress in several areas including general lifestyle change compliance, sleep patterns and a balanced approach to get you to be more active.

Important factors that contribute to achieving successful outcomes are understanding, motivation, and readiness to change. **You cannot take a passive approach to your treatment. You must be an active participant in your treatment plan.**

You have to understand the chronic nature of your condition and that a cure is often not possible. Similar to most other chronic medical conditions the goal is to **manage the illness well**. The goal is to make healthy lifestyle changes, **managing stress and depression**, avoiding joint damage, and balancing rest and activity.

Many patients find this very difficult to accept, **it generally it takes time (to make the changes)**, and will require support from health care professionals, employers, and family. A balanced approach and heed **"start low go slow" approach is most helpful**. Sometimes help from a psychologist experienced in the management of chronic pain conditions is necessary. In that case I will refer the patient to our specialists at the Clinical & Health Psychology Department.

In general, **more involved patients have a better prognosis.**

Various treatments include in general:

Physical therapy (PT) focusing on correction of muscle shortening by targeted stretching, strengthening of affected muscles, and correction of aggravating postural and biomechanical factors. Modalities can be useful in decreasing pain, allowing the patient to participate in an active exercise program. Corrections of leg-length discrepancies with a heel lift or the use of dynamic insoles also may be helpful, which are not necessary in her case. Various other techniques and procedures, including the following, have been demonstrated to be effective in some patients: Indomethacin phonophoresis, Massage and exercise, Stretching, electrical muscle stimulation (EMS) using interferential current (IFC), functional electrical stimulation/ electrical nerve stimulation (FES/ENS), or high-frequency transcutaneous electrical nerve stimulation (TENS), Ultrasonography, and EMG biofeedback.

Occupational Therapy (OT) can be helpful in assessing and setting up ergonomically correct workstations for patients with myofascial pain. Properly set up work sites can help to decrease aggravating postural factors.

Acupuncture may be helpful.

Osteopathic manipulation techniques may include integrated neuro-musculoskeletal release, myofascial release, strain-counter strain, muscle energy, and high-velocity/low-amplitude manipulation.

Pharmacological/medication approaches can at times be a useful adjunct to active, exercise-based treatment for myofascial pain, but they are helpful only rarely on their own. They include and are not limited to: **Muscle relaxant** medications, **nonsteroidal anti-inflammatory drugs (NSAIDs)**, **Adjuvant medications** such as low-dose amitriptyline, newer non-opioid medications i.e. Duloxetine/Cymbalta, milnacipran/Savella. Tricyclic antidepressants like amitriptyline are a complex group of drugs that have central and peripheral anticholinergic effects, as well as sedative effects. These agents have central effects on pain transmission. They block the active re-uptake of norepinephrine and serotonin.

Opioids can be considered, but only in appropriately chosen patients. Opioids should be considered only as a last resort. Every non-opioid modality should be considered and usually attempted to relieve pain before resorting to opioid medication. In some cases, opioids can be used in the initial phase.

Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy **only if expected benefits** for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, **they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.** (CDC guideline 2016).

Sleep improving measures should be instituted. Using sleep hygiene and if necessary sleep aids.

