



Integrative Pain Treatment Center Programs SCOPE OF SERVICES

Our scope of service offers two 21-day outpatient programs to meet our patient's needs: a full-day Comprehensive Pain Management Program and a half-day Morning Solutions for Pain Management Program.

The Comprehensive Pain Management Program focuses on managing chronic pain to restore a lifestyle of function and mobility. Clients participate for 6-7 hours per day in nursing education, physical therapy, physiatry, psychology, biofeedback and case management.

The Morning Solutions for Pain Management Program which is less intense and is intended for individuals who either can not tolerate the Comprehensive Pain Management Program Clients or individuals who do not require all of the services offered in the comprehensive program. These patients participate for 4-5 hours per day. This program is designed for those clients with less downtime and fewer and/or less significant lifestyle alterations.

While participants are provided with individually tailored therapy programs within each discipline, they generally attend therapies as a group and follow a structured daily schedule. Participants are expected to attend all therapies, thus benefiting from a comprehensive focus on pain management and gaining the ability to maintain progressively higher levels of activity. The "open group" format allows new participants entering the program to join at various stages in their rehabilitation. In this way, group dynamics are incorporated into the overall treatment approach (e.g., instillation of hope; sharing of problems; imparting of information; positive imitative behavior; interpersonal learning; group cohesiveness).

Family members and significant others are given the opportunity to participate in the program to gain a greater understanding of pain management, as well as to help program participants implement new strategies for pain management. Family education is conducted as needed to meet patient needs.

DEFINITION OF DIAGNOSTIC CATEGORIES OF PATIENTS SEEN

Pain is defined by the International Association for the Study of Pain as "an unpleasant sensory *and* emotional experience..." There is a general agreement that pain can be influenced by a wide variety of factors including:

- Cultural and social background
- Life experience
- Motivation
- Emotional state
- Vocational/educational status

- Perceptions and beliefs about pain

For the purposes of this program, "chronic pain" is defined as an ongoing problem with pain that:

- A. Is due to an underlying condition, which is not amenable to "cure."
- B. Has an antecedent history of ineffective medical and/or surgical interventions for the pain problem.

Patients presenting to the pain management programs may include the following **medical diagnostic categories**.

A. Biomechanical

- Facet joint dysfunction
- Temporomandibular joint dysfunction
- Sacroiliac joint dysfunction
- Failed surgical spine syndrome
- Chronic post surgical pain
- Pain secondary to chronic disease

B. Soft tissue

- Myofascial pain
- Fibromyalgia
- Chronic post-surgical pain
- Pain secondary to chronic disease
- Organ system pain

C. Neuropathic

- Chronic radicular pain of spinal stenosis, arachnoiditis, herniated disc
- Peripheral neuropathy
- Complex regional pain syndrome (CRPS) (RSD)
- Chronic headaches
- Central pain (i.e., phantom limb pain, post-stroke pain)
- Spinal cord injury pain
- Neuroma
- Failed surgical spine syndrome
- Chronic post surgical pain
- Pain secondary to chronic disease

D. Psychosocial Dysfunction Related to Pain

- Adjustment to pain due to chronic disease
- Chronic post surgical pain
- Anxiety
- Depression
- Medication misuse
- Substance abuse

ADMISSION CRITERIA

A. Candidates for admission to both the **Comprehensive Chronic Pain Management Program and the Morning Solutions for Pain Management Program** should meet the following criteria:

1. Pain has persisted beyond the expected duration of acute pain of a particular diagnosis.
2. Pain is attributable to a nonmalignant physical cause.
3. Psychiatric symptoms if present are not of an intensity that interferes with progress in the program.
4. Complete diagnostic work-up has been performed and medical records pertaining to previous diagnostic testing and treatment intervention have been reviewed.
5. Usual methods of treatment intervention have not been successful in alleviating the pain, and further surgical interventions are not indicated or acceptable to the potential participant.
6. Inability to cope with the pain.
7. Medications have been ineffective.
8. Ability to understand and demonstrate a willingness to pursue pain management verses cure of pain.
9. Sleep dysfunction may be present
10. Ability to follow through with learned tools at home and independent in exercise program.

B. Candidates for admission to the **Comprehensive Chronic Pain Management Program (full day program)** should also meet most of the following criteria:

- There has been alteration in lifestyle in at least two (2) areas of impairment including: loss of functional independence, alteration in social, vocational, or recreational activities; decreased sense of autonomy.
- A significant portion of patient's day is non-productive time spent resting secondary to pain.

C. Candidates for admission to the **Morning Solutions for Pain Management Program** (half day program) are not appropriate for the Comprehensive Chronic Pain Management Program (full day program) :

1. Due to deconditioning (not able to tolerate the full day program).

OR

2. High functioning
 - Continue to participate in some form of work or social activity despite pain.
 - At risk for decline of current functional level (at work and home)

DISCHARGE CRITERIA

Individuals who have attained maximum benefit from either program will, at the time of discharge, demonstrate the following:

1. Increased tolerance for functional activities, including sitting, standing, and walking.
2. Increased tolerance for functional activities that facilitate return to work, school, and/or daily activities.
3. Independent performance of the prescribed home exercise program.
4. Understanding and use of principles of pacing with daily activities.
5. Understanding of the relationship between stress and pain along with the ability to use stress management skills appropriately.
6. Understanding of the impact of pain behavior on interpersonal relationships and the ability to modify behavior appropriately.
7. Understanding and use of proper principles of body mechanics with all functional activities.
8. Maximal therapeutic benefit from appropriate pain medications, along with the elimination of the use of all nonessential medications.
9. Understanding of pain management tools and the ability to translate this into decreased use of the medical system.

Criteria for early discharge

Every effort is made to adequately screen individuals prior to admission to the program in order to minimize the occurrence of inappropriate admissions. Following admission, however, participants may manifest problems or behaviors that make ongoing participation in the program not beneficial to them and/or potentially detrimental to other participants in the program. When these situations occur, the treatment team may decide that early discharge is appropriate.

1. Three or more unexcused absences.
2. Refusal or inability to actively participate in the program.
3. Presence of acute or pre-existent medical or psychiatric condition, which requires treatment in another setting.
4. Disruptive and or inappropriate behavior which negatively impacts other program participants or staff.
5. Noncompliance with medication contract.
6. Noncompliance with any component of the program.
7. Failure to embrace the philosophy of management strategies after a reasonable period of time.
8. Non-acceptance of responsibility of self-care
9. Not making measureable progress from the first to the second staffing.

When early discharge occurs the pain management team makes recommendations for the patient for other appropriate treatments.

FOLLOW-UP/TRANSITION AMONG LEVELS OF CARE

- A. At the discharge conference (staffing), the team makes recommendations for follow-up outpatient therapy, purchase of equipment, support groups, fitness/wellness activities.
 1. Follow-up by the physiatrist is scheduled at four to six weeks post-discharge. In addition, individuals are instructed to return for follow-up with other physicians involved in their care.
 2. Follow up with physical therapy and psychology as needed
- B. Discharge Marianjoy Pain Functional Assessment Tool (MPFAT) is completed at Discharge.
- C. Long-term outcomes will be monitored via a telephone survey approximately three months after discharge.

CHARACTERISTICS OF THE POPULATION SERVED

The Comprehensive Pain Management Program and Morning Solutions for Pain Program are designed to serve those persons whose lives have been disrupted as a result of chronic non-malignant pain. The level of disruption often includes moderate to severe physical deconditioning with loss of function, strength, mobility, and endurance; altered function at work, home, and leisure; psychological distress of varying severity; interpersonal dysfunction and generally an inability to enjoy life.

- The program is designed for people at least 18 years of age whose pain has persisted beyond the expected duration of acute pain for a particular diagnosis.
- Some patients have different cultural needs. The Pain Management Team is sensitive to these cultural needs. Interpreters are made available to non-English speaking patients or the hearing impaired. Many educational materials are available in Spanish or can be translated to other languages.
- Primary payers for Pain Management Program patients at Marianjoy are: commercial insurance, Workers' Compensation and Medicare

SERVICES OFFERED BY THE INTEGRATIVE PAIN TREATMENT CENTER

The core treatment team consists of representatives from:

- Psychiatry
- Physical Therapy
- Nursing
- Biofeedback
- Psychology
- Case Management
- Social Work
- Spiritual Care

Other disciplines and programs involved as needed are:

- Applied Rehabilitation Technology (ART)
- Neuropsychology
- Driver Education

- Occupational Therapy
- Speech Language Therapy
- Prosthetics/orthotics

External referrals may be arranged for:

- Work Conditioning
- Work Hardening
- Nutrition Counseling
- Vocational Services
- Wellness Services

Physical Therapy – The physical therapists focus on improving physical and functional status, maximizing physical fitness and activity tolerance, promoting reduction of pain, instruction in management and self-treatment strategies, and facilitating return to work and/or daily activities.

Medical Services:

The attending psychiatrist sees each patient 2-3 times per week in order to maintain medical stability and insure progression in the pain program.

Nursing – The nurse monitors and promotes optimal wellness, function, and independence through pain management education.

Psychology- The psychologist focuses on the psychosocial/behavioral aspects of living with chronic pain to help the individual improve quality of life, enhance relationships, and regain meaning and purpose in their life. The psychologist coordinates a pain management support group on a monthly basis.

Case Management –Case manager coordinates preadmission process and care for each patient, ensuring communication with the patient, family, and 3rd party payer; and provides for discharge planning including post discharge referrals and information on resources.

Neuromuscular Re-education Therapy and Biofeedback: Biofeedback is used to teach relaxation, neuromuscular reeducation and pain control through breathing and other physical parameters. Patients are taught techniques to have a healthier response to stress.

Social Work: The social worker provides group education regarding pain management. The social worker is available to educate patients about financial and community resources, disability, Medicare options, long range planning as well as return to work resources and modifications as needed.

Arrangements for Diagnostic Imaging (X-ray) and Laboratory Services: Patients can have these services performed at Good Samaritan Hospital (phone 630-275-5900) or at a hospital convenient to their home.

Arrangements for Pharmacy Services: Patients are advised to choose a pharmacy convenient to their care. Every patient in both programs signs an agreement to have only one pharmacy to ensure medication safety.

HOURS OF SERVICE

- A. The Comprehensive Pain Management Program operates Monday through Friday from 8:30 A.M. to 5:00 P.M. Schedules will vary from day to day. The anticipated length of stay is 21 treatment days.
- B. The Morning Solutions for Pain Management Program operates Monday through Friday from 7:30 A.M. to 12:30 P.M. The anticipated length of stay for is 21 treatment days
- C. Patients maintain a structured schedule during the operating hours of the program with group and individual sessions provided by various members of the team.